V. S. No. 1

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MARGIN RESERVED FOR BINDING	UNFADING
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PA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10482						
OCCL	County Montgonery	Registration Dist. No. 214						
should f OCC	Village Dr City Kensmath	No. inside St. Ward						
S so	/ (If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs mos ds.						
CIAN	0 00 00 01	tow rought 0.5. If of foreign bittit						
ICI	2. FULL NAME Caroling Rula Cas	Ct. Ward						
PHYSI ct stal	(a) Residence: No. / Canada State St., Ward. (Usual place of abode) If nonresident give city or town and State							
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Officer 22 1936 (Month) (Day) (Year)						
A C T I	5a. If married, widowed, or divorced HUSBAND of	22. \ I HEREBY CERTIFY. That I attended deceased from						
	(or) WIFE of William adams	Nov. 20, 1933, 10 Oct 22, 1936						
	6. DATE OF BIRTH (month, day, and year) (Oct. 26, 1853	I last saw h. 21 alive on October 20, 1936; death is said						
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:16.4.m.						
stated properl	0 A ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:						
be of c	8. Trade, profession, or particular kind of work done, as SPINNER, Housekeeps. SAWYER, BODKKEEPER, etc.	7-00-1						
4		Marcular thellation 10.12.36						
should it may n back	9. Industry or business in which work was done, as SILK MILL, Clury + Privale Homes SAW MILL, BANK, etc	Wremia 10:20.3						
1 10 0	this occupation (month and 1973) spent in this	Chronic Interstitial nephrits:						
oplied. AGE erms, so that instructions	year) occupation occupation	Other Contributory Canses of importance:						
so ucti	12. BIRTHPLACE (city or town) (State or country)	ation						
lied ms, nstr		Li ba tantina						
illy supplied plain terms,	13. NAME John Hood 14. BIRTHPLACE (city or town)	Name of operation						
- ·= 02	(State of country)	What test confirmed diagnosis? Was there an autopsy?						
efully in pla ant.	15. MAIDEN NAME Susan Wood	23. If death was due to external causes (VIOL ENCE) fill In also the following:						
t, sare H i	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?						
ld be car DEATH y imports	(State or country)	Where did Injury occur?						
should be careful OF DEATH in p	17. INFORMANT Millie Jackson (Address) Konsing In	(Specify city or town, county and State) Specify whether injury occurred in INDUS TRY, in HDME, or in PUBLIC PLACE.						
	Place Place Date Date 25 A 5 , 19 36	Manner of injury						
mation s CAUSE TION is	19. UNDERTAKER AND THE STUDYMENT (Address) Rocksmill and	24. Was disease or Injury In any way related to occupation of deceased? NO						
à A		(Signed) Vebiles Sewell M.D.						
	20. FILED Och, 24, 1936 Margaret Coca Registrar.	(Address) Silver Apring, Jed.						
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any; related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10483
1. PLACE OF DEATH	
County Montoomery Co	Registration Dist. No. 2/6
Village or City Cherry Chare Md.	No. 29 M. Frome C. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 20 yrs 9mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Henry Will	restig not a war relevan
(a) Residence: No. 29 - W. Swill 9	St., Ward.
(Usual place of plode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male white Married	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Susanu & Albuntis	22. I HEREBY CERTIFY That lettended deceesed from
6. DATE OF BIRTH (month, day, end yeer) Sept. 24, 1857	I lest saw ham alive on Cf. 1936; death is said
7. AGE Years Months Oays If LESS than	to heve occurred on the date stated above, at 1/1/10/m.
79 0 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER Justen Pray Oceades	Cardio-Vascular Keunl 1976
9 industry or business in which work was done as SLIK Military & + D CIA:	Disease 1 1
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Sindustry or business in which work wes done, as SILK MILLUS, STORTE, OF SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Prostatic Hypertrophy 1976
this occupation (month and 3-5-29 occupation 57	
12. BIRTHPLACE (city or town) Martinshure	Other Contributory Capies of Importance: Oct. 7/36
(State or country)	7
13. NAME Ephraim Celbustes 14. BIRTHPLACE (city or town) Mostanglung	
2 14. BIRTHPLACE (city or town) Martingloug.	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Classical Was there an autopsy? No
15. MAIOEN NAME Mary Swarts	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dukley B. W. Va.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MUS Surgary S. Celleurics. (Address) 79- W. Junia 9 St. Ch. C. March	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Masky De Date Oct. 3, 1936	Nature of injury
19. UNDERTAKER) William Leis Sons	24. Was disease or injury In any way related to occupation of deceased?
(Address) 300 - 4" St. M.E.	If so, specify
20 FILED Oct 12, 1936 Thomas K. Consul	(Signed) J. M. M. Chesney M. D.
Registrar.	(Address) 3421 Mase we

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
. 1/ 5.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 m ż

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County / Oulgourn	Registration Dist. No. 21/
Village or City Youthalte Sur T30	ceath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	
2. FULL NAME Coma to line	luson
(a) Residence: No. Bulltue (Usual place of abode)	St., A Work Took St., If new city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH 10. 28 193 (Month) (Day) (Year)
BUSBAND of Gory WIFE of Agree V. Marketson	22. 1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and year) DCC 10 - 1860	1 list saw h and alive on (1) — 25 19.86; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at
76 10 18 1 day,hrs.	the Fancti as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic My roundition 1925
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased last worked at this pecuation (month and	myorandial seconferent 1934
10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) - Laucastro (State or country)	Other Contributory Cancer of Importance: Nepperalin alumie March 935.
13. NAME Unbrown	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	Whet test confirmed diegnosis?
15. MAIDEN NAME Olyabreh Brant. 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Harry B andrewa (Son)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL LOASH N.C.	Manner of injury
Place Ong reserved Octo Ox 30, 1936	
19. UNDERTAKER & m. Prubru Cumplury (Address) Posteville - mil	24. Was disease or injury in any way related to occupetion of deceased?
20. FILEO Oct 29, 1936 The Exercise Registrar.	(Signed) A a sea to the M. D. (Address) A a sea to the Medical Control of the Medical Cont

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	ii	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage NOV 6 196	July5,1927	Peritonitis	3 days ago		
Service V. S					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	948
County Montgomery	Registration Dist. No. 214
Village or City Rendrington	No. 10 West Baltamore St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredl_oyrs,m	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cleanor Comeline	appleby
(a) Residence: No. 10 West Baltimore & (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 24 , 193 6 (Month) (Day) (Year)
5d. If married, widowed or divorced HUSBAND of (or) WIFE of Harry to. Appleby	22. J. HEREBY CERTIFY, That I attended deceased from Jely, 25, 1928, to Oct. 24, 1936
6. DATE OF BIRTH (month, day, and year) August 14, 1872	Hast saw here alive on Oct 23 1936 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 415 Am.
66 2 10 1day,hrs	THE RICHARD CAUSE OF DEATH and related courses of importance
8 Trade profession or particular	Date of onset Lowwary thrombosis 10/8/30
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation groups and the second to the second	<u> </u>
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 38	Dther Contributory Canses of importance:
12. BIRTHPLACE (city or town) Wilsuington (State or country) Welaward	Differ Controller Cont
13. NAME John Gardner Bennett	-
13. NAME John Gardner Bernett 14. BIRTHPLACE (city or town) Mew york	Name of operation would Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cladine Hugges	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Adalise Highes 16. BIRTHPLACE (city or town) Hamilton Squar (State or country) New Jersey	Accident, suicide, or homicide?
17. INFORMANT Miss Lucile, appleby	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Delaware Oct 36, 19 3	Manner of injury
19. UNDERTAKER UM. Pruben Tumphing (Address) Por lawell - manyland	24. Was disease or injury in any way related to occupelion of deceased?
20. FILED Oct. 24, 1936 Margaret C. Tresugarne	(Signed) & Atharine a. Chapman M.D. (Address) 20 W. Balta, St., Kensington

V. S. No. 1 N. B.- mation should be carefully supplied.

-WRITE PLAINLY, WITH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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3. SEX

7. AGE

CUPATION

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PHYSICIANS

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Usual place of abode)

Days

-	Registration	Dist.	No	214

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.___

MEDICAL CERTIFICATE OF DEATH

If U. S. Veteran, specify WAR

PERSONAL AND STATISTICAL PARTICULARS

21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)

22.

V. L.L.		d. L.	(Month)			(bay)			(Yaar)			
E	R	E	ВΥ	CE	R	T 1	F.Y.	That	1	attanded	decaased	fi

Data of pract

Wes thera an autopsy?.

5a. If married, widowad or divorced HUSBAND of (or) WIFE of	B.	Baggi	16
6. DATE OF BIRTH (month, dev. end year)	Jan	28	18

	5	4	8	26	ormin
. Trada, kin	profess d of wo	ion, or part	ticular s SPINNER,	7. Orin	6

RINCIPAL CAUSE OF DEATH and ralated causes of importance

9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceesad last worked et

1. PLACE OF DEATH

hrs

If LESS than

~	00	-
11.	Total time (years) spent in this occupation	۷

	-	year)	au	9-11
12.	BIRTH	PLACE	(city or town)	On

(Stete or country)

76

FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country)

15. MAIDEN NAMES f6. BIRTHPLACE (city or town)_ (Stete or country)

23. If deeth was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?

Where did injury occur?_ (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE

24. Was disease or injury in any way related to occupation of dacaased?

17, INFORMANT GLOCK O. Waggol	1
(Address) Colepter Pour 1	ud
18. BURIAL, CREMATION, DR REMOVAL	1

Manner of injury

Name of operation_.

What test confirmed diegnosis?

.0.	BUNIAL, CILEWIAI	JUIN, UK	KEMMANE
	Plece CA	A	16.11 1
	Plecerol	w	10000
_			

Nature of injury.

19. UNDERTAKER	wo various of
(Addrass)/4	no Cualin of

of so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



V. S. No. 1

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Ex	ample I		Example II	Y
The principal cause of deat of importance were as follo	h-and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	M Fre da	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	NOV 7 1835	1921	Run over by street car	1 week ago
Cerebral hemorrhage	140	July 5, 1927	Peritonitis	3 days ago
N. C.	DIDEAU V.	-3.		
		Aller Services I		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Gallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL S	SPACE FOR FURTH	ER STATEMENTS BY PHYSICIA	AN

	2	
DINDING	ERMANENT	EXACTLY
FOR	IS A I	stated
DEK VED	NK-THIS	should be
ARGIN RESERVED FOR BINDING	-WRITE PLAN, Y, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.
	Y, WITH	carefully su
)	E PLAN	should be
	-WRITI	mation

N. B. WRITE PLAN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1048	6
1. PLACE OF DEATH	93-0 CV	0
County Willage or City James 91.	No. 22 Strant ave. St. W	ard
	death occurred in a horpital or institution, give its NAME instead of street and number) 5. 2/ds. How long in U.S. If of foreign birth?mos	_ds.
2. FULL NAME Comelia () Da	lale	1
(a) Residence: No. /046 Yorth Edglwood St (Usual place of abode)	f. Octaremotion, Va. If nonresident give city or town and State	V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward) Wildowed	21. DATE OF DEATH (Month) (Day) (Year))
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Muknown	22. I HEREBY CERTIFY. That alfended deceased 1	from.
6. DATE OF BIRTH (month, day, and year) Aug . 1847	i last saw harman alive on O. C. 196 ; death is	said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1-1	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Mysearlity 10/7	121
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Wash	Other Contributory Causes of Importance:	/_/
(State or country) La 13, NAME La A FALLS	arteris selerais 10/	7/3
13. NAME State or town) 14. BIRTHPLACE (city or town) (State or country) Surveyory	Name of operation Date of Was there an autopsy?	20
15. MAIDEN NAMELY argant Noffman	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Cuthur & Balser (Address), Clarendon Va	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18 BURIAL CREMATION, OF REMOVAL Place Flash D- Date 10/9 1936	Manner of injuryNature of Injury	
19. UNDERTAKER LOS SLEIGEGE LO CO (Address) 1011- gist na	24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED Vet 9, 19.36. Ho. 6. No gers. Registrar.	(Signed) Millin Haragers (Address) 216 8	И. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
*LINEAUN. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGI	UNFAI	pplied.	terms,	
*	WITH	fully su	n plain	
	I.Y.	be care	EATH is	
ソ	E PLA	plnods	OF DI	
1.1	N. BWRITE PLAINLY, WITH UNFAI	mation should be carefully supplied.	ACAUSE OF DEATH in plain terms,	
V. S. No. 1	N. B.	(T	

1. PLACE OF DEATH	48
County Mynlgour	Registration Dist. No.
Village or City Ulnky	No
Length of residence in city or town where death occurred. 2yrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Valona M. S. S.	
n , le	Daws If U. S. Veteran, specify WAR
(a) Residence: No. / LVV (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOW	
or Divorced (write tha w	(Month) (Oay) (Year
5a. If married, widowad, or divorced	
(Or) WIFE OF amberst h. Barter	22. HEREBY CERTIFY, That I attanded decaased
0 1 1 2 . 663	19.36, 10/07/6/ ,19.3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I If LESS	than to have occurred on the date stated ebove, at 7306m.
22 /- 9 Iday,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
	in. ware as follows: Oate of c
8. Trade, profession, or particular kind of work done, as SPINNER,	I to all a control with
SAWYER, BOOKKEEPER, etc.	Interest of theelen 10/1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacasad last worked at this cerupation (month and	
10. Date dacaasad last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) . It seems	
(State or country)	Loccenomo y aleus Pfil
13. NAME Planie R. Sylvisler	· //
14. BIRTHPLACE (city or town) Mis	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Clara Minshifs	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 16. Signature (City or town) 16. Signature (City or town) 16.	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
harles al Palme	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Must backed a commen	
(Address) nubeck mal	
(Address) Mober 70 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) nubeck mal	9 Natura of Injury
(Address) Mober 70 18. BURIAL, CREMATION, OR REMOVAL	
(Address) Profesh 201 18. BURIAL, CREMATION, OR REMOVAL Placa Oate 1, 1	9 Natura of Injury
(Address) Probeck 2011 18. BURIAL, CREMATION, OR REMOVAL Placa Oate 1 19. UNDERTAKER Martin w. Hypong Co	9 Natura of Injury 24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5	July 5,1927	Peritonitis	3 days ago
Other contributors causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

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D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10488
1. PLACE OF DEATH	(US Z)
County Mondagomory	Registration Dist. No. 216
Village or City Lucy Mase	No. 4700 Cresturt (Like St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MOSSION) Joseph Boss	
(S) (R)	If U. S. Veteran, specify WAR Nove
(a) Residence: No. 47 (1) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH 31, 193 6. (Month) (Day) (Yaar)
5a. If married, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of mary Land Lesson	22. HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Nov , 25, 1880	Vast saw h. LM aliva on Cold 3 1 193 L; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 6.230P.m.
5 % // 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
Trade protession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and	with pressured on
9. Industry or business in which work was dona, as SILK MILL,	to a hea. Coursing
SAW MILL, BANK, etc	prophysica V
this occupation (month and spent in this 30 occupation	
12. BIRTHPLACE (city or town) Washington	Other Castributory Causes of Importance:
(State or country)	
13. NAME Lonard Darron.	
13. NAME Lonard Darron 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Unknow (23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or county) Unknown	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) 4700 Prescentiere Char Chare, m	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wash: DE Date 17 1936	Natura of Injury
19. UNDERTAKER Manufus (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Nov. 1- 1936 Fromas (Conrac)	(Signed) freth ful arthy M.D.
Registrar.	(Adress) L. J. Wy W. Mary Mary D. G.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requestiff V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF	DEATH
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10489

1. PLACE OF DEATH		(131)	
County Montgomery		Registration Dist. No. 3	16
Village or City Bethesda		NoSt.,	Ward
Length of residance in city or town where daeth		f death occurred in a horpital or institution, give its NAME instead of street and i	
2. FULL NAME Mrs Annie	Batchelder	If U.S. Veteran specify WAR. NO.	
(a) Residence: No. 6800 Exfai		St, Ward. If nonresident give city or town and	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	State
	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (Day)	1936
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Wherles Key	jes Batchelder	22. I HEREBY CERTIFY, That I attended Oct. 5 1936, to Oct. 6	(Year)
6. DATE OF BIRTH (month, day, and year) Janu 7. AGE Years Months 83 9	Deys If LESS than f day,hrs. ormin.		; death is said
8. I rade, profession, or particular kind of work done, as SPINNER, Ret SAWYER, BOOKKEEPER, etc	ff. Total time (years) spant in this occupation	Chronic Replicities with Carline decompensation	?
12. BIRTHPLACE (city or town) England		Other Coutributory Causes of importanca:	
		Mema	
13. NAME Timothy She 14. BIRTHPLACE (city or town) (State or country) Engl	and	Nama of operation Date of	
15. MAIDEN NAME Unknown		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) England (State or country)		Accident, suicide, or homicide? Date of injury Whara did Injury occur?	, f9
17. INFORMANT Mrs Raymond (Address) 6800 Exfai	r Road	(Specify city or town, county and Stat Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Manchaeles M. D.		Manner of injury	
19. UNDERTAKER Warner E. Pu (Address) Rockvill	mphrey e, Md	24. Was disease or injury In any way ralated to occupation of deceased?	
20. FILED Oct 7, 1936	Registrar.	(Signad) Setherda, March	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	- Line in pice :
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis OV 0 1936	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteritis	1 year
		1-8 10-0-14 100	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state act statement of OCCUPA. RECORD. Every item of infor-

Exact statement

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

properly classified.

certificate.

See instructions on back of

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Wilage or City	1. PLACE OF DEATH	92-0
Village or City	County Moulgamery	Registration Dist. No. 2/3
Langth of residences in city or town where death occurred. 4. Box March 1975. 4. COLOR DR RACE PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR DR RACE 5. SINGLE MARRIED, WITOWAY OR DIVORCED ("STITE the word) 5. Il married, widowed, or divorced ("Grown) 1. ACE Years Months Deys 1. ILESS then or country) 1. Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some or coupation Trede, profession, or perficular work and some and some or coupation Trede, profession, or perficular work and some and some or coupation Trede, profession, or perficular work and some as SILK MILL, SAWYER, BOOKKEPER, etc. 1. SAWYER, BOOKKEPER, etc. 1. ALL MARKEL TREAM Colly or town) Coupation Other Countributery Causes of importence: TREAM PLACE (city or town) Coupation Other Countributery Causes of importence: What test confirmed diagnosis? West there are an eutopsy? 23. Il death was due to external causes (VIOLENCE), fill in elso the following: Accident, suicide, or homicide? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? West there are neutopsy? To KNORRAMT MARKEL TREAM Countributery Causes of importence: State or country) To KNORRAMT MARKEL TREAM Countributery Causes of importence: 15. BIRTHPLACE (city or town) Coupation No. D. Dete of injury Nems of operation No. D. Dete of injury Nems of operation in hours related to occupation of decessed? In some of injury No. D. Dete of injury No. D. D. Dete of injury No. D. D	Village or City Translah	
2. FULL NAME (a) Residence: No. Tavifylake a bodo! PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Course the word or DIVORCED Course the word or DIVORCED Course the word of crop bulbs as in which work was done, as SPIRNER, or Market was done, as SPIRNER, or many and State of Country is Country is Designed or which word was done, as SPIRNER, or Market or Country is Designed or which word was done, as SPIRNER, or Market or Country is Designed or which work was done, as SPIRNER, or Market or Designed or which work was done, as SPIRNER, or Market or Designed or White Designed or W		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Chaptelace of abode: St., Ward.		12. P
PERSONAL AND STATISTICAL PARTICULARS 9. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCE	2. FULL NAME- (Molrew acksum	1 Daughman
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVOKED COWNIT the word of DEATH OR DIVOKED Cownit the word of Corn with the word of Corn with Edit of Corn with		
Trefe, profession, or perticular which work done as SPINNER, SAVER BOOKEEPER et. BIRTHPLACE (city or town) (State or country) BIRTHPLACE (city or town) (State or		The state of the s
39. If meried, vidowed, or divorced (cr) wife of A A B AUGUMAN (State or country) & C. DATE OF BIRTH (month, dey, end year) 50. DATE OF BIRTH (month, dey, end year) 51. DATE OF BIRTH (month, dey, end year) 52. If HEREBY CERTIFY, Thet, I defended decessed from Carlother and Carlo	A CONTRACT OF CONT	21. DATE OF DEATH
59. If merried, widowed, or divorced HUSBAND of (or) WIFE of Cornell of Corne	male July Marris of	(Month) (Day) (Year)
(or) WIFE of Act A. Daughman 6. DATE OF BIRTH (month, dey, end yeer) Dec 12 18 59 7. AGE Vers Months Deys If LESS then 1 day, hrs. of Development of Law 1 day, hrs. of Law 1 day, hrs. of Development of Law 1 day, hrs. of L	5a. If merried, widowed, or divorced	
6. DATE OF BIRTH (month, dey, end year) Deys If LESS then alive on Oct., f. 1936; deeth is seld to have occurred on the dete steted above, et 2 2000. 7. AGE Veers Months Deys If LESS then a lday, hrs. or min. 8. Trede, profession, or perticular the seld of the profession of perticular the profession of		11:0 31 374 1- 31
7. AGE Yeers Months Deys If LESS then Iday,	NEC 121-1859	
Trede, profession, or perticular for min. Trede, profession for formation for formation for min. Trede, profession for formation for min. Trede, profession for min. Trede, profession for formation for formation for min. Trede, profession for form		
To Determined the country of the cou	7/0 9 5.3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
SAVER, BOKKEPER, etc. Industry or business in which work was done as SPINNER, SAW MILL, BANK, etc. TO Date decessed last worked et this occupation (State or country) B	Trade profession or particular	were as follows: Date of one of the control of the
12. BIRTHPLACE (city or town) Canfields Co	kind of work done, as SPINNER, Tarmer	- metalismus mar. Village
12. BIRTHPLACE (city or town) Canfields Co	Industry or business in which	
12. BIRTHPLACE (city or town) Canfields Co	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place Advisor And Augusta Tanglard (Address) 19. UNDERTAKER (Address) 10. FILED 11. Details Other Contributory Causes of importence: Other Caus	2 Spent in this	
13. NAME Circle of country 14. BIRTHPLACE (city or town) Perror	O Coupation	Other Contributory Causes of importence:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place Harmen State 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT (Signed) 22. If death wes dua to external causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Mennar of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (A		
What test confirmed diegnosis? Wes there an eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place A auxentrum Med. Dete Oet 7, 193.6 (Address) 19. UNDERTAKER 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
What test confirmed diegnosis? Wes there an eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place A auxentrum Med. Dete Oet 7, 193.6 (Address) 19. UNDERTAKER 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	E IS. NAME COVOTELL Sunguman	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER	14. BIRTHPLACE (city or town)	
Where did Injury occur? (Specify city or town, county and State) Spacify whather injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR REMOVAL Place Dance Determined Determined Determined Place Determ		
Where did Injury occur? (Specify city or town, county and State) Spacify whather injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR REMOVAL Place Dance Determined Determined Determined Place Determ	I IS. MAIDEN NAME	
17. INFORMANT Ms. Mat & Baughmay (Address) Fowlal mayland 18. BURIAL CREMATION, OR REMOVAL Place Lame Mount Dete Opt 7, 193 6 19. UNDERTAKER An. Acube Turnspland (Address) Policy Whather injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE. Mennar of injury Nature of injury 24. Was disease or injury in eny wey related to occupetion of deceased? If so, specify 20. FILED 18-7, 193 6 ms. W.J. Pacel (Signed) J. Harley M.D.	O 16. BIRTHPLACE (city or town)	
(Address) Favilal Manyland 18. BURIAL CREMATION, OR REMOVAL Place Dance Mount Med Dete Oct 7, 1936 Mennar of injury Nature of injury 19. UNDERTAKER AM. Fruite Turnspland (Address) Poly Exercise Manyland (Address) Poly Exercise Manyland (Signed) J. Harley M. D. 20. FILED 16-7, 1936 Mrs. W.J. Pace (Signed)	Man May to Band	(Specify city or town, county and State)
18. BURIAL CREMATION, OR REMOVAL Place Dance Dete Oct 7, 1936 Mennar of injury Nature of injury 19. UNDERTAKER Dance Occupation of deceased? (Address) Poly Exercise Magnificant If so, specify 20. FILED 16-7, 1936 Mrs. W.J. Pacel (Signed) J. D. Harfleyy M.D.		Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Dance More Dete Let 7, 1936 Nature of injury 19. UNDERTAKER For Security Transferry (Address) Poetsville many Curic If so, specify 20. FILED 18-7, 1936 ms. W.J. Pace (Signed) (Signed) Attackley M.D.		Manner of injury
20. FILED 16-7, 1936 ms. W.J. Pack (Signed) J. V. Harley M.D.	Place Laure Mount Med Date Oct 7, 19.36	
20. FILED 16-7, 1936 ms. W.J. Pack (Signed) J. V. Harley M.D.	10 UNDERTAKED ACTA (Para box) Trans to file.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED		
	20 FUED 10 - 17 10 36 mis. W.J. Prace	(Signed) 9, V. Hartleys M.D.
	7	(Address) Rarpirly

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY.

B.—WRITE PLAIN

ż

V. S. No. 1

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

should state of OCCUPA-

PHYSICIANS Exact statement

properly classified.

Every item of infor-

STATE OF MARTLAND	-CERTIFICATE OF DEATH 10491
1. PLACE OF DEATH	53-7
County Mantgomery	Registration Dist. No. 26
Village or City Chevy Chase	No.204 Bradley Blyd. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	mosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Emil Bonnelycke	If U. S. Veteran, specify WAR None
(a) Residence: No. 204 Bradley Blvd. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Male White Married	21. DATE OF DEATH October 13, 193 6.
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Marie Elizabeth Bonnelyck	Te 22. HEREBY CERTIFY That I attanded deceased from 13 1935, to OCT 13 1936.
6. DATE OF BIRTH (month, day, and year) Oct. 27, 1875 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date steted ebove, at 1136 R.M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. rada, profassion, or particular kind of work dona, as SPINNER, Patent Attorney SAMYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, for 35 years; no SAM MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and yaar) 11. Total tima (yaars) spent in this occupation.	were as follows: Date of open to the state of the state
12. BIRTHPLACE (city or town) Odder, (Stata or country) Denmark.	metastaris to dung - Barter July 193
13. NAME Not obtainable 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Biopsy Cow. 9 AND Date of 1935 - Suc What test confirmed diagnosis? The coar capic Was there an autopsy? No.
15. MAIDEN NAME 11 11 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Marie Bonnelycke	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 204 Bradley Blvd., C.C., Md., 18. BURIAL, CREMATION, OR REMOVAL) Place Wash D. C. Date Oct. 1.5, 193	Manner of injury
19. UNDERTAKEROS. Jawles Sonsone (Address 1750 Pa. Ave., N.W., Washingt	24. Wes diseasa or injury in any way related to occupation of decaased? NO
20. FILED. 10-14, 19 3.6 02 00 Parking	(Signad) (Androse) ODO 17 ST Wash N.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 1930	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.	and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	البيسيا		

STATE OF MARYLAND-CERTIFICATE OF DEATH

stat UPA	1. PLACE OF DEATH	V 3 (19)		
should f OCCI	County Moutsowery Village or City Jakoma Parle	Registration Dist. No. 21213 No. Washington Sanitaring, Ward		
NS NS nt o	Length of residance in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?		
Every CIANS ement	2. FULL NAME Peter to arcy Boun			
YSI stat	(a) Residence: No. Washington Sunta (Youal place of abode)	V. Skyuu Ward. V. If nonresident give eity or town and State		
PH let	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NT RECC LY. PH I. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) White Single, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Ctober 21, 193 ((Month) (Day) (Year)		
MANEN A C T I assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from Oct. 20 1936 to Oct. 21 1936		
ER EX Col	6. DATE OF BIRTH (month, day, and year) Oct. 20, 1936	I last saw h ssu alive on Oct 21 19.36; daath is said		
at The	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date statad above, at 1020 P.m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance		
IS A stated proper	8. Trada profession, or perticular	were as follows:		
HIS be be of	8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Prematurity -		
VK—T should it may n back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	(delivery at 6-6/2		
Sh it it	10. Date deceased last worked at this occupation (month and spent in this	montas)		
AGE that ions	yeer) occupation occupation	Other Contributory Causes of importance:		
d. d.	12. BIRTHPLACE (city or town) Alsoma Parle. (State or country) Waryland			
NF. plie rrms instr	13. NAME R & arcy Bounet			
y suppliain tern	14. BIRTHPLACE (city or town) Washington (State or country)	Name of operation		
	# 15. MAIDEN NAME Done Wingred Whale	What test confirmed diagnosis?		
r, W arefu H in rtant	16. BIRTHPLACE (city or town) Soupere, Canal Zone	Accident, suicide, or homicide? Data of Injury, 19		
be c EAT	(State or country)	Where did injury occur? (Specify city or town, county and State)		
	17. INFORMANT Mrg. Jone Connet (Address) P. F. D. # 2. Alexandria, 7/2	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.		
re PLA should E OF D is very	IB. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
RIT tion USE USE	Place Class Nell Date Och 23, 1936	Nature of Injury		
mation s CAUSE TION is	19. UNDERTAKER Martinut Styrong Co (Address) 1300 9 St. 4 w. 12.	24. Was disease or injury In any way related to occupation of daceased?		
z (T)	20, FILED Q st 22, 1936 STE Rog SXX	(Signed) Katharine a. Chapman M. D. (Address) 20 W. Balto, St., Newsington		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE FALL Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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BINDING	
FOR	-
RESERVED	
ARGIN	-

V. S. No. 1

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10493
state UPA.	1. PLACE OF DEATH	940)
	County Moula ourrus	Registration Dist. No. 2/3
- \	Village or City Poekvelry	ND. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds, How long in U.S. if of foreign birth?yrsmosds.
	() () () () () ()	1000
PHYSICIANS oct statement	2. FULL NAME Tamps	DI Ward
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Clober 2 , 193 (Month) (Day)
T I	5a. If married, widowed, or divorced HUSBAND of	
A C Issi	(or) WIFE of adrlaids on Farfand Buck	22. I HEREBY CERTIFY, That I attended deceased from
× 5° .	6. DATE OF BIRTH (month, day, and yeer) May 14-1878	i last sew h in alive thou arresal Oct 2, 1936; death is said
stated E properly certificate	7. AGE Years Months Vys If LESS than	to have occurred on the date stated above, at 11.05P.m.
stated proper	58 H 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
	8. Trade, profession, or particuler kind of work done, as SPINNER,	angina Pectorial from
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which Work was done, es SILK MILL. 10. Dete deceased last worked at this occupation (month end	briston of attack)
should it may n back	work was done, es SILK MILL, U.S., Soverment	
she t it i	10. Dete deceased last worked at this occupation (month and the spant in this	
	this occupation (month end Oct 7/36 spent in this occupation	Dther Coutributory Causes of importence;
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) Mausland	aterio relevosis from
0 000	(State prequntry)	- firston
y supplied ain terms, See instru	13. NAME A Francis OSWARD 14. BIRTHPLACE (city or town) Augland (State or country)	
sur in t	14. BIRTHPLACE (city or town) augland	Name of operation
	(State of Country)	What test confirmed diegnosis? Was there an autopsy?
	15. MAIDEN NAME Day CO. Vamer	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?, 19, 19, 19
cal TH port	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
ld be cal DEATH y import	Mrs Crawel a Burch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address) (30) Clavelle md	
	18. BURIAL, CREMATION, OR REMOVAL . Co. 15 5 1	Manner of Injury
mation s CAUSE TION is	Place ochwelly union Date UCV 20, 1930	Neture of injury
mation CAUSI	19. UNDERTANER UM, Acutru Vimphire	24. Was disease or Injury in any wey related to occupation of deceased?
	(Address) To chiele the	if so, specify
	20. FILED Cest: 5-, 1936 mis. W J. Prage-	(Signed) 7- 1- Harley M. D.
	Registrar.	(Address) Cocholle

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
9667 O			
Other contributory causes of importance 200		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

÷ 1	STATE (OF MARYLA!	ND-C	CERTIFICATE OF DEATH 10494
1. PLACE	. //			82.0
County_/	nonlagne	refo		Registration Dist. No. 🔍 🖊
Village or	city 24. Hooz	Sielde		No. St. Ward
Length of ra	sidence In city or town where	death occurred 35 yrs.		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL N	ME Lames	1 7 Bus	Lette	If U. S. Veteran, specify WAR
(a) Reside	nce: No Mr. Hoo	dlield m	1	St. Ward.
		(Usual place of abode)		If nonresident give city or town and State
		ICAL PARTICULAR		MEDICAL CERTIFICATE OF DEATH
SEX M.	4. COLOR OR RACE	5. SINGLE, MARRIED, WID OR DIVORCED (write the	oowed, ne word)	21. DATE OF DEATH Oct 20 1936 (Month) (Day) (Yaer)
HUSBAND of (or) WIFE of	na Bu	rdette		22. Och 18 196 to Och 20 1936
DATE OF BIRTH	(month, day, and year)	of 23 18	40	I last saw h. is alive on Ost. 19 1936 : dauth is sain
	ars Months	Days If LE	SS than	to have occurred on the date stated above, at 150 a.m.
60	5 11	Z7 1 day,	hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, prof kind of SAWYE	assion, or perticular work dona, as SPINNER, R, BOOKKEEPER, etc.	tired Farm	er	Cerebral Admorrhage 3 days ago
Work W	business In which as dona, as SILK MILL, LL, BANK, etc			
11113 000	sed last workad at upation (month and 190	11. Totel tima (yaars) spant in this occupation	sogra	
. BIRTHPLACE ((Stata or co	ity or town) Mr. 181	rowningsvill	3	Other Castributory Cause of importance: Wilesio Delevosio Dennel years
1	Robert 15	Dus lette		
13. NAME	E (city or town) 7/2 -	rominism	Tille	Nama of operation None Data of
(Stata	r country)	2 ma		What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN N	AME Evelyn H	. Purdum		23. If daath was due to external causes (VIOLENCE) fill In also the following:
	E (city or town ne /	soroningsvil	6	Accidant, suicida, or homicida? Date of Injury, 19
(Stata	r country)	ma		Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT _ (Address)	R. J. Faithe	reburg md.		Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLÂCE.
2.4	TION, OR REMOVAL	Curly Oct 22	3/	Manner of injury
Place 184	of Grove MECO	O C O	,1926	Neture of Injury
19. UNDERTAKER	Dames e	all . Ine.		24. Was disease or injury in eny way related to occupation of decaasad?
20. FILED 0.0	22,1936 2)	lla W. Bu	rdet	(Signed) Leage M. Bayer M. I (Address) Damaseux Md
	If mor			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i i	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	LESE VEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 6 1936	July 5,1927	Peritonitis	3 days ago
	ENDEAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	A			

V. S. No. 1

BINDING

FOR

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Registrar.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RESERVED	INK-THIS
ARGIN KI	H UNFADING
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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH should Every item of County Registration Dist. No. Jo . (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of rasidenca in city of town How long in U.S. if of foreign birth? _____yrs.____mos. statement ORD. (a) Residence: No Ward. Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) ma (Month) classified. 5a. If merried, widowad, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from (or) WIFE of B certificate. 6. DATE OF BIRTH (month, day, end year) o properly 7. AGE Months If LESS than to have occurred on the date stated above, at 10 stated 1 day,hrs. or____min. 8. Trede, profassion, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. it may Andustry or business in which should work was dona, as SILK MILL, SAW MILL, BANK, atc. no 10. Date deceased last worked et 11. Total time (years)
spent in this this occupation (month and that AGE instructions occupation ... 08 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town (Stata or country) be carefully What tast confirmed diegnosis? OTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIDL ENCE) fill in also the following: Accidant, suicida, or homicide? 16. BIRTHPLACE (city or town (Stata or country) (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE mation should very (Address) OF 18. BURIAL, CREMATION OR Manner of injury CAUSE TION Nature of injury 24. Was disease or injury in (Address) If so, spacify Z Registrar. (Address)

If nonresident give city or town and State (Day) (Year) Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	e shalfdag	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1336	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10497
1. PLACE OF DEATH	10±36
County/Hontgomers	Registration Dist. No. 2/8
Village or City Metropolation From	Nomda F. D St. Ward
Length of residence in city of own where death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and number) Let Mow long in U.S. if of foreign birth?
2. FULL NAME CONTAIL & Como	Lins
(a) Residence: No Metrohalda	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Fear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Curfus / 923 7. AGE Years Months Days If LESS than	I last saw h alive on 10 2
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Paritonitis: Brimary 10/22
SAW MILL BANK etc	cause of the peritoretic una inter-
O To. Date deceased last worked at this occupation (month and spent in this	tense influenças The poritoritis sens
year) occupation 2	Other Contributory Causes of Importance: or injury Custo
12. BIRTHPLACE (city or town) Monthly Co. (State or country)	Other Country Causes of Importance.
i 13. NAME Coma Chambers	Intestinal inpluence
14. BIRTHPLACE (city or town) 2 world on C.C.	Name of operation. Date of C
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME alhering praises	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Montyon en	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANCE OF SCHOOLS (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAC, CREMATION OR REMOVAL	Manner of injury
Place Mary frame Date (C) 31,1906	Nature of injury.
19. UNDERTAKER Allershurg	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 31, 1936 aberly J. Broke	(Signed) M. D. (Address Cart M. D.
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	I week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance	
	Other contributory causes of importance:	
Moy 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Rum over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

ARGIN RESERVED

BINDING

FOR

V. S. No. 1

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Dete of onset 1 week ago 1 week ago
Run over by street car	-
	1 week ago
Peritonitis ,	
	3 days ago
Other contributory causes of importance:	
3 Gastroenteritis	1 year
·	
631	Other contributory causes of importance: Gastroenteritis

V. S. No. 1 ż

mation should be carefully supplied. AGE should be stated EXACTLY.

PHYSICIANS should state D. Every item of infor-

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		115-	a	
HIN COUNTY MASSAGOT	nery		Registration Dist, No.	1, 2, 3
Village or City Lakow	ia Park,	Md No. Wash	ung ton Sau 4s or institution, give its NAME instead of street	Harp. Wa
Length of residence in city or town where	death occurredyrs		U.S. if of foreign birth?yrs	
2. FULL NAME Mary (a) Residence: No. 9020	W. Mades	aniels If U. S. Vo	eteran, specify WAR	md.
PERSONAL AND STATIST	(Usual place of abode)	S MEDIC	If nonresident give city or tow AL CERTIFICATE OF DEA	
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WILL OR DIVORCED, (write the	OWED, 21. DATE OF DE		/2
ternale White	Single		(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	, , , , , , , , , , , , , , , , , , ,	22. 1 HER Och. 20	EBY CERTIFY That I att	ended deceased fr
DATE OF BIRTH (month, day, and year)	July 12 19	33 I last saw h W aliv	e on Ock 20 ,19	36; death is s
AGE Years Months (/	1 / 1 day,.	hrs. The PRINCIPAL CAUSE	ate stated above, at 8 33 Pcm. DF DEATH and related causes of Importance	
8 Trade profession or particular	/ or	were as follows:		Date of one
SAWYER, BDDKKEEPER, etc		Cardia	i filure	Oct 2
10. Data deceased last worked at this occupation (month and year)	11. Total time (years spant in this occupation			
BIRTHPLACE (city or town) Lakon	ra Park, >	20 Other Contributory Cause	of importance:	
13. NAME C. 14. BIRTHPLACE (city or town) Wax	Daniels	Tonsilea	tiny + gen ans	ollotic.
14. BIRTHPLACE (city or town) - Wax (State or country)	shington, D	. C . Name of operation. 7.6	0/	e of Oct 20
15. MAIDEN NAME Mary (adams		ernel causes (VIOLENCE) fill In also the fo	ra an autopsy?
16. BIRTHPLACE (city or town)	lington D		cide? Date of Injury	, 19
INFORMANT Samitar	inn Reco	Where did Injury occur? Specify whether injury oc	(Specify city or town, county a curred in INDUSTRY, in HOME, or in PUBL	od State) IC PLACE,
BURIAL, CREMATION, DR REMOVAL Place Washing A. X	Date Oct 20	Manner of injury		
UNDERTAKER LEWSThy (Address) 641-141-	Harlow	24. Was disease or injury If so, specify	in any way related to occupation of decease	ed? 210
D. FILED (0 St 20, 1936)	46 Roas	(Signed).	Sparret lander	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of d of importance were as fo	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- MARINE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8/4 [1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 5 1930	July 5,1927	Peritonitis	3 days ago
	SETTING ALL V. S			
Other contributory cause	s of importance:		Other contributory causes of importance:	911
Gallstones		May 1,1923	Gastroenteritis	1 year
				Arm will

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

PHYSICIANS should state 5. Every item of infor-

of OCCUPA-

N. B.-WRITE PLAIN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CE	RTIFICA	TE OF	DEATH

1	0	-	0	1
1	U	()	U	U

1. PLACE OF DEATH	<u> </u>
County Grontgomery	Registration Dist. No. 3/2
Village or City Pollsville	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Afra ce phorsell Dan	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, ON DIVORCED (write the word) Willowed	21. DATE OF DEATH Oct 9 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many E. Waris	22. OF REBY CERTIFY, That 1 attended deceased from
6. DATE OF BIRTH (month, day, and year) June 11th 1851	I last saw bu Mive on Oct 9, 193 Geeth is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, atm.
85 /03 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Retired & chool Teachers SAWYER, BODKKEEPER, etc	metral transferren 1980
industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decaasad last worked at this occupation (month and year) year) 11. Total tima (years) spant in this 33 7%	
leonne	Dither Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) of the state of coughty) Tructure to make	+ Gut Marker
13. NAME Isaac Davis	10/7/36
14. BIRTHPLACE (city or town) Man Jan 2 (State or country)	Name of operation
15. MAIDEN NAME Catherine Briles	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) The level of country)	Accidant, suicide, or homicide?
17. INFORMANT Mrs. Frank Cavis (Address) Portlain & Maris.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Southwill Mode 10/11/36	Manner of Injury
19. UNDERTAKER Hilton & Hall (Addrass) Poolesville Md	24. Was diseasa or injury In any way related to occupation of daceased?
20. FILED (6/10, 1936 & W. White, M.D. Registrar.	(Signad) EW What M. D. M

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RRGIN RESERVED FOR BINDING

See instructions on back of certificate.

mation should be carefully supplied.

B. WRITE PLAI

V. S. No. 1

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

SIMIL OF MARTEMED	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Ma)
County Montgomery	Registration Dist. No. 223
(lf	agath occurred in a hospital or institution, give its NAME/instead of street and number)
Langth of residanca in city or town where death occurredyrs2mos.	14_ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs Florence Wiven	If U. S. Veteran, specify WAR
(a) Residence: No. 819 - 2107 St (Usual place of abode)	St., NW Ward. Was h. nglon D.C. V. If nonreddent give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widowed, OR DIVORCED (write the word)	21. DATE OF DEATH October (Month) (Day) (Year)
is. If married, widowad, or divorcad HUSBAND of (or) WIFE of Jruing Lliven	22. HEREBY CERTIFY, That I attended deceased from 1934 to 0cto be 8 1936
5. DATE OF BIRTH (month, day, and yaar) Necember 12,1898	Mest sawh & alive on Oc Ta be = 8 19 36 daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 Pm.
37 9 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance ware as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife	fill pelloyetts of free of the
9. Industry or businass in which work was done, as SILK MILL.	Tuptured sterns (1)
SAW MILL, BANK, etc 10. Date decasa al last worked at this occupation (month and 7/9/36) 11. Total time (years) spant in this occupation occupation.	
12. BIRTHPLACE (city or town) Baltimore Mary land (State or country)	Other Contributory Canada of immortance: Sug 36
13. NAME William Pate Lott	Doursetting to Firms 7-24-36
14. BIRTHPLACE (city or town) Casten Manyland (State or country)	Name of operation Date of Q 9 3 lo What test confirmed diagnosts? Was there an autopsy///
15. MAIDEN NAME Katie Keilholta	23. If death was due to external causes (VOLENCE) mit in also the following:
16. BIRTHPLACE (city or town) Battimore Mary land	Accident, suicide, or homicide?
17. INFORMANT Washington Sanitarium Records (Address) Tako sha Pork Mary land	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL P 24 9 21	Manner of injury
Placa / Yy Russelle Vale Co. 1, 196	Nature of Injury
19. UNDERTAKER F. Darchs Jons (Addrass)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 9 , 1936 26 6 Rogers	(Signad) Mendelle Malin R.D.
(Registrar.	(Audress)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baumore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sclls goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
Jo 1	plno	220	
item	shc	of	
very	ANS	lent	
D. E	SICI	taten	
Y.	HY	t s	
RE	. F	Exac	
IN	L	ģ.	
NE	CI	sifie	
RM.	XA	clas	
PE	田田	rly	cate
SA	tated	rope	rtif
SI	e st	e pi	f ce
LHI	d b	y b	k o
A.	nou	ma	bac
Z	Esl	ıt it	no
NG	AG	the	ions
ADI	·pq	s, se	ruct
NF	pplie	erm	inst
H	su	in t	See
VIT	fully	1 pla	ıt.
, 'A	are	H in	rtal
Z	pe o	SAT	mpc
LAI	plu	DI	TION is very important. See instructions on back of certificate.
田田	sho	OF	SVe
RIT	ion	USE	Z
M	mat	CAL	TIO

TION is very important.

m m

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1000	10
County Moulyouers	Registration Dist. No. 217	
Village or City Olesky Dold	Able mosts Co Len Hospital	Ward
	death occurred in a hospital or insolution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?	
co st.		US.
2. FULL NAME Cliver Disjon	If U. S. Veteran, specify WAR.	
(a) Residence: No. Harthard (Usual place of abode)	Mard. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white OR DIVORCED (write the word)	(Month) (Day) (Ye	ar)
5a. If marriad, widowed, or divorced		
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That lattended decease	d from
0.0 11 1918	1 last saw hand alive on October 17, 1936; death	Jr. Jes
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days Jf LESS than	to have occurred on the date stated abova, at 11. A.m.	15 3410
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
8. Trade, profession, or particular	were as follows: Date of	fonset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Lucalived Lever 10-	10-31
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9 Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)		
SAW MILL, BANK, etc.		
O this occupation (month and spent in this		
year) Occupation occupation	Other Contributory Causes of importance:	
12. BfRTHPLACE (city or town) (State or country) (State or country)		

E	Name of operation 72022 Date of	
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Chimanallar Was there an autopsy?	172
15. MAIDEN NAME Mass Boulds	23. If daath was due to external causes (VIOLENCE) fill in also the following:	-220
15. MAIDEN NAME May Boulds 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury 19)
(State or country) Maryland	Where did Injury occur?	
17. INFORMANT OVachital records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address)		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Place Date Color No. 1906	Nature of injury	
19. UNDERTAKER & Confusion	24. Was diseasa or injury in any way related to occupation of deceased? Tho	
(Address) Saithwolvery 200	It so, spacify the space of the	
20. FILED Det 9, 1936 Collarmsley	(Signad) Ohls Simulleson	M. D.
Registrar.	(Address) Allely forming	1
ij more vianks are needed, dadress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. Ng. 1.	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	Aly5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MADVI AND	-CERTIFICATE OF DEATH 10503
	CERTIFICATE OF DEATH 10003
1. PLACE OF DEATH	(159)
County Mautgamery	Registration Dist. No.
Village or City alley, md	No. Moulg. County Thursday St. Work Water If death occurred in a hospital or institution, give its NAME instead of street and number)
	s7ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Catherine Fage Dos	If U. S. Veteran, specify WAR
(a) Residence: No. Germantown, md.	St Ward.
(a) Residence: No. Strangulanu (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gerite the word)	21. DATE OF DEATH Qetoler 24 1936
Terrale White Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	October 17, 1936, to October 24, 1936
6. DATE OF BIRTH (month, day, end yeer) Sept. 3 1936	1 last saw her aliva on Getober 24 , 19.36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
/ 21 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
	MIT
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Janas Maria
10. Date deceased last worked at 11. Total tima (years)	Primary Careles Barnatuaty Care & B. J. B.
this occupation (month and spent in this occupation occupation	Aurotion: Jon lafe/a
12. BIRTHPLACE (city or town) Lermantonn,	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Mr. norman Done	
14. BIRTHPLACE (city or town)	Nama of operation 20 Data of
(State or country) Unginia	What test confirmed diagnosis & January Was there an autopsy? No
15. MAIDEN NAME Misa Catherine Snyder	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Washington	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT Hospital records. (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Gailhurby Date Och 21, 193	Nature of Injury
19, UNDERTAKER & Co Harlins	24. Was disease or injury in any way related to occupation of deceased?
(Address) Gatherfurt	olf so, specify Share Comments
20. FILED Poly 24 1936. C.S. Barnsly 19	(Signed) M. D. M. D.
Registrar.	(Address) Sandy Spring, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example -	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Moutgamer Village or City Design Length of residence in city or town where death or 2. FULL NAME Ella May (a) Residence: No. Sermaly	County manyland courred yrs mos. Lowe town Ma	If U. S. Veteran, specify WAR	nosds.
PERSONAL AND STATISTICAL	Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH Jet 22- (Month) (Day)	., 193.6 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	# 3, 1936 Days If LESS than 1 day, hrs. or min.	22. I HEREBY CERTIFY, That I attended 1936 to 22 22 1936 I last saw h lalive on 0 2 2 2 2 1936 to have occurred on the date stated above, at 11 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	d deceased from 1992; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	Parasmus Paimary conse: Premotivity a Cutin.	1/8/34
	town ryland 10 one	Other Cantributary Causes of Importanca:	
13. NAME MORMAN 14. BIRTHPLACE (city or town) (State or country) 21.	ginia	Name of operation Date of What test confirmed diagnosise of Annual Nas there an	autopsy? 200
15. MAIDEN NAME Miss Cather 16. BIRTHPLACE (city or town) Wash (State or country)	une Snyder metric conds.	23. If daath was due to external causes (VIOLENCE) fill In also tha following Accident, suicida, or homicide? Date of Injury Where did injury occur? (Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	, 19 ate)
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place	a och 26,1936	Manner of Injury	
19. UNDERTAKER & Grand (Address) 20. FILED OLD 24 193 O. B. Barn	slee nel	24. Was disease or injury In any way related to occupation of deceased? Il so, spacify (Signed) (Signed)	2 N M D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. OBo

BINDING

RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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19:	kample I		Example II	
The principal cause of plea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAN 9 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FATHER

MOTHER

very important.

TION is

CAUSE OF DEATH

-WRITE

20

S. No. 1

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

REMOVAL

15. MAIDEN NAME

18. BURIAL, CREMATION.

(Address)

17. INFORMANT (Address)

19. UNDERTAKER

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH should state item of infor-OCCUPA-1. PLACE OF DEATH Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town statement (a) Residence: No (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS tha 1 day,____ 63 0 or min. 8 Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. įţ On 10. Data deceased last worked at 11. Total time (years) this occupation (month and that occupation See instructions 12. BIRTHPLACE (city or town (State or country)

Ward

213

St.,

mos.	ds How long in U.S. if of foreign birth?wrsmosds.
el	Cols p
	Topiel Ward.
	If nonresident give city or town and State
_	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (Year)
	22/ I HEREBY CERTIFY, That I attended deceased from
	Mar 27 1936 10 apr 1 1 1934
7	I last saw win alive on and 1 6 ,1934; death is said
1	to have occurred on the date stated above, at
Irs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	Date of onsot
	Omnie Myocarditis unha
	<u> </u>
	V
7	
Т	Other Candibutory Causes of importance:
	access ocharacy with
_	
	Name of operation
9	What test confirmed diagnosis?
	23.1f death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
	Where did Injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	A Specify michief injury occurred in industria, in nome, of in robert reads.
	Manner of injury
36	Nature of Injury
	24. Was disease or injury in any way related to occupation of deceased?
/	If so, specify
J	(Signed) (Signed) M.D.
	(Address) Prochelly and

Registrar

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

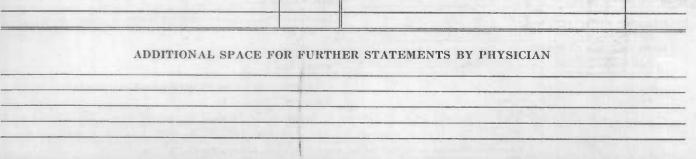
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	I		



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 103	006
1. PLACE OF DEATH	(AAO)	
County Monlgo	Registration Dist. No. 21	7
Village or City (lessey montes)	death occurred in a hospital or institution, give its NAME instead of street and numl	Ward
Length of residence In city or town where death occurredyrsmos.		ds.
2. FULL NAME Mory Dilgara	If U. S. Veleran, specify WAR	
(a) Residence: No. Salori Skal	St., OWard.	
(Usual playe of abode) / PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Stat MEDICAL CERTIFICATE OF DEATH	le
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	3.(0
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
5a. If married, widowed, or divorced (HUSBAND of Ganth Jilgnold.	22. 1 HEREBY CERTIFY. Thet I attended date	easad from
6. DATE OF BIRTH (month, day, and year) Z//3//S-Sy.	I last saw h = alive on 101 301	eeth Is seid
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated above, at 520 Pm.	
52 8 /7. 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca wara as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, AMPER, BOOKKEPER, etc.	The mortes	
9. Industry or business in which work was done, as SILK MILL.	Porumorea 1	410136
SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month england) 11. Total time (years) spent in this occupation occupation.	Lolan premmanial Oper Soft.	
12. BIRTHPLACE (cliy or town)	Other Contributory Causes of Importanca:	527
(Stata or country)	Proceding.	71/32
13. NAME / Collection of town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis?	psy?220
15. MAIDEN NAME THE SEALINE 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury Whara did Injury occur?	-, 19
17. INFORMANT Denrtt Delzmald	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Torest Glen Date 2012 1976	Mannar of Injury	a
19. UNDERTAKER Warner Jalumphray (Address) Rocknills	24. Was disease or injury in eny way related to occupation of deceased?	hu
20. FILED Nov 11 , 19 3 k. C. S. Barnsly Registrar.	(Signad) Office (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I VE		Example II	
The principal cause of teath and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neptrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		418 6	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	112 (19 1	,1000 Guardentertus		1 yeur
	145-16-16			
AΓ	DITIONAL SPACE FOR FI	IRTHER STATEME	ENTS BY PHYSICIAN	
	DILLOTTING OF THE TOTAL TOTAL		ALL DI THIBICIAN	

IARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DE	DEATH
-------------------------------------	-------

10508

1. PLACE OF DEA	TH			210m		
County Mon	tgomery			Registration Dist. No.	217	
Village or City	Sandy S	Spring		NoS	t,Ward	
Length of residence in o	ity or town where d	leath occurred		f death occurred in a hospital or institution, give its NAME instead of strees		
2. FULL NAME				X		
(a) Residence: No.		lon, Md.		St., Ward.		
(a) Residence: No		(Usual place o	f abode)	ot., waru. If nonresident give city or low	vn and State	
PERSONAL AN		CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	ТН	
	or or race lored	5. SINGLE, MARR OR DIVORCED SING	(write the word)	21. DATE OF DEATH October (Month) (Bay)	, 193 6 . (Year)	
5a. If married, widowed, or div HUSBAND of	orced		-	22. I HEREBY CERTIFY. That I att	anded deserved from	
(or) WIFE of				,19 ,to		
6. DATE OF BIRTH (month, da	y, and year)	March 12	. 1910	Hast saw h im aldead Oct. 18, 19	36; death is said	
7. AGE Yeers	Months	Days	If LESS than	to have occurred on the date stated above, atm.		
25 7 5 1 dey, hrs. or mie.				The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Sawyer, Bookkeeper, etc. Labor					10-17	
SAWYER, BOOKKEEPER, etc.				Fractured Skull	136	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK Mill., SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and wear) 1936 11. Total time (yeers) spent in this occupation (month and wear) 1936				Automobile socident	30	
				Adduiobile accident		
12. BIRTHPLACE (city or town (State or country)		omery Co		Other Contributory Causes of importance:		
当 13. NAME Jame	s Gaithe	er				
14. BIRTHPLACE (city or t	own) Montg	gomery C	o., Md.	Name of operation	te of	
(State of country)	,			What test confirmed diagnosis? Was the	re an autopsy? No	
15. MAIDEN NAME A	gnes Joh	inson,		23. If death was due to external causes (VIOLENCE) fill in also the fo		
15. MAIDEN NAME A	own) Monte	gomery C	o., Md.	Accident, suicide, or homicide? Accident Date of injury 10-17, 1936		
(Otote or country)				Where did injury occur? Cooksville Rd., I	doward Co	
	es Gaith . Zion.			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL Public highway	IC PLACE.	
18. BURIAL, CREMATION, OR		MICL .		Manner of injury Fractured skull		
Place Mt. Zi	on, Md.	Date Oct.	20, 36	Nature of injury Automobile accider	nt	
19. UNDERTAKER ROY (Addiess) Gai	W. Bark	er Ma		24. Was disease or injury in any wey related to occupation of decease	NI -	
20. FILED (0-ef 20.	-1 1	8. 13 am	aley Registrar.	(Signed) Hauley 6. for authors (Address) Ellicott City, Md	. Acting	
(Address) Gai	therstur	R. Barre	Registrar.	(Signed) Harley & Frankley	. Actin	

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MUNICAL	= -3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

statement CIANS Exact BINDING certificate. properly FOR ARGIN RESERVED may back pluods that instructions supplied. plain terms, See carefully important. DEATH plnods very CAUSE OF 2 LION

OCCUPA.

should

item

S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
211(110000010010	1010	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by strect car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUNEAU V.	, C		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Harris III

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be TION is very important.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 10510
41 011	3
County	Registration Dist. No. 2 /
Village or City August Slowers	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Still Born &	Vay) If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male Colored OR DIVORCED (write the word)	11 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
0.4 11 10.21	,193-1, to 193-6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 13 m,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	Sding large
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	2100
SAW MILL, BANK, etc	
this occupation (month and spent in this year) ccupation ccupation	
12. BIRTHPLACE (city or town) Augustalasta	Other Contributory Causes of Importance:
(State or country) Manylaur	
13. NAME James & Gray	O William
13. NAME James & Sistery 14. BIRTHPLACE (city or town) - Sheet Agency Co	Name of operation Date of
(State of County)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND BUILDING TOUS (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Horne Farden Date Oct 11, 1936	Nature of Injury
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Det 12th 1936 Mm & Lawis	(Signed) Weller S. Drung M. D.
Local Registrar.	(Address) Frederice, M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Diample 1	WEAU Y	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of Diset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			- aago ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

	inf	5	1. PLACE OF D
Ti	of	OCC WIT	County M
145	m od	0 411	Village or City

or-ate

1	. PLACE OF	DEAT	н			
133	County	Mont	gamera	1		
IN		ty Ja	Roma	Pack,	Md	
						(If de
	Length of resid		or town where o	leeth occurred	yrs.	mos
2	. FULL NAM	ME M	RS M	que c	J. Dres	e m
	(a) Resident	e: No	Gerz	non tau	ace of abode)	r.E.
	PERSON	AL AND	STATIST	CAL PAR	TICULARS	
-	femele		OR RACE hite	OR DIVOR	ARRIED, WIDOWED, CED (write the word)	
5a.	If married, widowe HUSBAND of (or) WIFE of	MR	ed Willian		Green.	
6.	DATE OF BIRTH (month, day,	and year) a	Cril 2	1.1879	
	AGE Year	A	Months 6	Days	If LESS than	
NO	8. Trede, profes	sion, or per ork done, as	ticular	House	wife	-
CCUPATI	9. Industry or 1		which	own h	one	
00	10. Date decease this occup	d last work		361 S	al time (years)	<i>t</i>
12.	BIRTHPLACE (city		Warn45	eus	nd	
ER	13. NAME	MR	Richa	d B	urus.	
FATH	14. BIRTHPLACE (State or		n) Moute			6
HER	15. MAIDEN NAM	ME E	milie	Jane	414+ Kiris	
MOTHE	16. BIRTHPLACE (State or		n) MGZL1	Jomery	Co. Maryla	nh
17.	INFORMANT 4	oshing	ton Some	& Hoop	Rocords	
18.	BURIAL, CREMATI		MOVAL	Date CT	73/,19	6
19.	UNDERTAKER /	Por.	260	Zar	les	
	(Addiess)	79	36 H	st h	Land	

	Registration	Dist. No. 27	23
No Washing ton Su- leath occurred in a herpital or institu	tion, give its NAM	E instead of street and	Ward number)
1/2ds. How long in U.S. If o	f foreign birth?	yrsm	iosds.
If U. S. Veteran,		V. 4.4.4	
St., Ward.	If nonresiden	n M.C.	I State
MEDICAL C	ERTIFICATI	OF DEATH	
21. DATE OF DEATH	\sim		
	Ock.	28	193 6
	(Month)	(Day)	(Year)
22. I HEREBY	CERTIF	Y. That I attended	deceased from
22. I HEREBY	19.36 to 6	Dex 28	19.36
I last saw h_ Lav_ elive on_ C	Och. 28	1936	: death is said
to have occurred on the date state	1.0	2.5	
The PRINCIPAL CAUSE OF DEAT			
were as follows:			Date of onset
70.		**************************************	-
Chronic My	secons	elis	
			-
Other Contributory Causes of Impo	ortance:		
Carcina	The state of the s	reak.	gear
fusion.	Y Jane	insusses	a day
Name of operation	n	Date of	
Whet test confirmed diagnosis?	weges	Y Was there an	autopsy? Ges
23. If death was due to external cau	ises (VIOLÉNCE)	ill in also the following	g:
Accident, suicide, or homicide?		Date of injury	, 19
Where did Injury occur?	***********		~~~~~
Specify whether injury occurred in	(Specify city of INDUSTRY, In H	r town, county and Sta DME, or In PUBLIC PL	te) .ACE.

-WRITE PLAI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUNCAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

-	PLACE OF DEATH	107-0
IN	COUNTY	Registration Dist. No. 225
	Village or City January (IF	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
		s8ds. How long in U.S. If of foralgn birth?yrsmosd
2	. FULL NAME Mas Sillie & Liems	welet If U. S. Veteran, specify WAR
	(a) Residence: No. 933 (Gual phase of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Jenuale White OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a."	If married, widowed, or divorced HUSBAND of (or) WIFE of Aug. Almysler	22. I HEREBY CERTIFY. That I attended deceased fro
2	1442117 1973	
_	OATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.19 Pm.
	63 4 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	8. Trada, profession, or particular	Date of one
2	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc) Lauseunfe	alcoholism Sept 1
≤	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
OCCO	10. Data deceased last worked at this occupation (month and way 1935 year) 11. Total time (years) spent in this occupation occupation 34443	Bronehial pressnowed Duration: two
12.	BIRTHPLACE (city or town) Wilker boro - M. C.	Other Contributory Causes of Importance:
E	(State or country) 13. NAME 711. illinois land	- Drypostalie premiona 1931/
T	1 2	none
FAT	14. BIRTHPLACE (city or town) William Barre M.C. (State or country)	What test confirmed diagnosis fame of the was there an autopsy?
ER	15. MAIDEN NAME Marthy minton	23. If death was due to externat causes (VIOL ENCE) fill In also the following:
MOTHE	16. BIRTHPLACE (city or town) Willer Base, n. C.	Accident, suicide, or homicide? Dete of Injury, 19
Σ	(State or country)	Where did injury occur? (Specify city or town, county and State)
17.	(Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	Place Mt Ramor Wd pate Art 2 19%	Manner of Injury
19.	UNDERTAKER alums R. Speare (Address) 3200-R. avel Mit Rumier 7	24. Was disaase or injury in any way related to occupation of deceased?
20.	FILED OF 3 , 196 It Experience Registrar.	(Signed) M. (Address) 6727 Gloraca ave

ARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į.	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1930	1921	Run over by street car	1 week ago
Vereoral nemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA
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PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA.

V. S. No. 1 N. B.

STATE OF MARTLAND	-CERTIFICATE OF DEATH 10513
1. PLACE OF DEATH -	92-20
County / Oulganien	Registration Dist: No. : 7
Village or City Office	No. Moula Co Fry Hospilate. Ward
Langth of residence in city or town whare death occurred vrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
5 0 4 0 1/	nos
2. FULL NAME Jamuel Smalf Har	ding
(a) Residence: No. The Charles (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3 , 193 6 (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorgad HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of Olice Marie Hardin	9 Dept 25 1986 to 5 0ct 3 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h. La. alive on Oct 2, 1936; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 11.32 cm.
73 8 V 22 1 day,hr	ware as follows:
B. Trada, profassion, or particular kind of work done, as SPINNER, Las Surranteres SAWYER, BOOKKEEPER, atc	acute Cangeshie Heart Failure 7-36
	Phennetic Hear Disease 15-4
9. Vhdustry or business in which work was dona, as SILK MILL, Altrudauth SAW MILL, BANK, atc	mile Reguralities
0. Date dacased last worked at about this occupation (month and try spent in this occupation compation this occupation compation the spent in this occupation the spent in the s	
m . 0	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	(A)
	remotism (Closure) 8 gsoa
E Caraca rate	wg
(Stata br country)	Name of oparation Date of
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chris May Kur	23. If death was dua to axtarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
1 (State of County)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT INS. Wastelled - suched	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Place Lecleville Ch. Juy Date Vet 4, 19.3	Nature of injury
19. UNDERTAKERUM, Peuben Tunshier (Addrass) Rochweller Med +	24. Was disaase or injury in any way ralated to occupation of decaased?
20. FILED Ochle, 1936 C. S. Barnsly	(Signad) M. D. Muyely
Registrar.	(Addrass) Jackwill mid
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 936	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE :	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1

A- ite	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10514
stat UPA	1. PLACE OF DEATH	93:0
n of lould OCC	County Mantgamery	Registration Dist. No. 2/3
sho of O	Village or City Thochwille	No. St Ward
S ii		death occurred in a hospital or institution, give its NAME instead of street and number)
ANS Ans	2. FULL NAME Thomas Meel	ds. How long in U.S. If of foreign birth?yrsmosds.
D. E SICI taten		Menderson
N 7 N	(a) Residence: No. (Osual place of abode)	St., Ward. If nonresident give city or town and State
rescon Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH AT 4-9
d. L.	They they Hidowed	(Month) (Day) (Year)
MANEN A C T I assified.	5a. If marriad, widowed, or divorcad HUSBAND of	
MA (A lass	(or) WIFE of Clerk Hack Venderson	22. I HEREBY CERTIFY. That attended decassed from
EX EX cla	6. DATE OF BIRTH (month, day, and year) Stalf 30 /1848	I last saw harmalive on Off 5 ,1936; death Is said
od erly icat	7. AGE Yaars Months / // Days If LESS than	to have occurred on the data statad abova, at 12 20 for 1
IS A F stated properl	88 0 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raletad causes of Importance wara as follows:
is is	8. Trada, profession, or particular kind of work done, as SPINNER.	Oate of onset
THI H P W P K O	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which	acute delatation of heart Half
KK_T should it may n back	work was done as SILK MILL	for the factor
Sh it sh u	SAW MILL, BANK, etc	providing one to colonary before
AGE that ions	year) occupation	occusion - deals
t	12. BIRTHPLACE (city or town) Augusta	Othar Contributory Causes of importanca:
NFAD pplied. erms, s instruc	(Stata or country)	arthrocleoses + 1930
ppli ppli ern ins		wy Chronic myranditis
H U sul	14. BIRTHPYACE (city or town)	Nama of operation Data of
ITTH Illy pla	(State of country)	What tast confirmed diagnosis? They was there an autopsylla-
W refu in	15. MAIDEN NAME Pasanna Poel	23. If deeth was due to external causes (VIOLENCE) fill in also tha following:
CY, W caref TH in portan	16. BIRTHPLACE (city of town) Manyland (State or country)	Accident, suicide, or homicide? Data of injury, 19
P. P	me ale el Africa	Whera did injury occur? (Specify city or town, county and State)
Should OF D	(Address) Probable Mas. J. Volland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
AST 70	18. BURIAL CREMATION, OR REMOVAL	Mannar of Injury
on s SE N is	Plece Stelswille Vis. Ch repare Vet 7, 1936	Nature of injury
WRIT mation CAUSI TION	19. UNDERTAKER Dry. Peubon Tim thire	24. Was disease or injury In any way related to occupation of deceasad?
FOF	(Addiass) Cockville mid	If so, spacify
-	20. FILED 10 - 7 1936 mis. W.J. Pall	(Signed) M. D.
4	Registrar.	(Address) Rockvelle Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Same of the same o	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNGAL	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	

S. No.

PERMA IS THIS

STATE OF MARYLAND—CERTIFICATE OF DEATH state 10515 1. PLACE OF DEATH occi plnods item of County_ Registration Dist. No. Alf death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred ______vrs.____mos... How long in U.S. if of foreign birth? statement 2. FULL NAME (a) Residence: N St.. Ward If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word CTL classified. 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of .. to . (Oct M alive on certificate. 6. DATE OF BIRTH (month, day, and year) 10 properly 7. AGE If LESS than Months Days to have occurred on the date stated above, at ... stated 1 day ... ----hrs. 5-The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. wera as follows: Date of onset & Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. be of 9. Industry or business in which work was done; as SILK MILC SAW MILL, BANK, etc.____ may hack plnods 10. Date decaased last worked at on 11. Total tima (vaars) this occupation (month and spent in this that AGE occupation instructions 08 12. BIRTHPLACE (city or town) (Stata or country) plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (Stata or country) What tast confirmed diagnosis? There . Estace. Was there an autopsy? carefully MOTHER very important. IS. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Data of Injury DEATH 16. BIRTHPLACE (Sity or town) (Stata or country) should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or is PUBLIC PLACE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation BECK Date LION Nature of injury 24. Was disease or injury in any way related to occupation of decaased?... 19. UNDERTAKER If so, specify mon H Dynam 30 ... 1936 ż (Address) Macs besides Tocal Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example L EL	9	Example 10	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 5 1930	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Chronic interstitial hephritis Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10	infor-
MI	of
1	item
1	Every

of OCCUPA.

PHYSICIANS should state Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINEY

IARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH					
County Monthonso	mery GD	**************************************	Registration Di	ist. No. 2	13
Village or City Lockwill	levind	NoNo		St.,	Ward
	7//	death occurred in a hospital or institutio			
Length of rasidence In city or town where de	ath occurred yrsmos	ds. How long In U.S. if of f	oreign birth?	yrsm	osas.
2. FULL NAME	un 1. / til	If U. S. Veteran, sp	pecify WAR		
(a) Residence: No.	(Usual place of abode)	MSt., Ward.	If nonresident gi	ve city or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CE	RTIFICATE	OF DEATH	
3. SEX A. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	(Month)	(Day)	, 193 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WHEE OF	! Hill fo.	Qut 4	CERTIFY 9.3 L to . G	Thay I attended	decaased from
6. DATE OF BIRTH (month, day, end yaar) Que	4.26,1860	I last sew land alive onO	1/3	P 19.2	; daath Is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated The PRINCIPAL CAUSE OF DEATH		of Importance	
79 76 2	8 ormin.	were as follows:	end rainted causes	of importance	Data of onsat
Trede, profession, or perticular kind of work done, as SPINNER, (SAWYER, BOOKKEEPER, etc	Darpenter	dente au	anou	m of	-
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last workad at this occupation (month and		read		<i>T</i>	
10. Date decessed last worked at this occupetion (month and 1933)	11. Total time (yaars) spent in this occupation				*
12. BfRTHPLACE (city or town) TR. (State or country)	kvill-, Md.	Other Contributory Causes of Import	ance:	. 4.	
13, NAME Reubin	Till Is	DVVV MT	afin	www	
E	knille Mis	Nama of oparation		Date of	-
4 14. BIRTHPLACE (city or town) (Stata or country)		What test confirmed diegnosis?			autoney?
15. MAIDEN NAME Rachel	a. Martin	23. If death wes due to external cause			
15. MAIDEN NAME Rackel 16. BIRTHPLACE (city or town) Rock (State or country)	knille, led	Accidant, suicide, or homicide?		ete of Injury	
17. INFORMANT Reola X: M.	lliaus	Specify whether Injury occurred In	(Specify city or to INDUSTRY, In HOM	own, county and Sta IE, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	Dete 05/8 ,1936	Menner of injury			
19. UNDERTAKER A Lett &	Snowglen	24. Was disease or injury in eny way	related to occupat	tion of deceased?	no
20. FILED 10 - 8 ,1936 m	Registrar.	(Signad) (Addrass)	with	Man	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Corebral homorphage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		

Exact statement of OCCUPA.

stated EXACTLY.

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

m ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Montgomen	Registration Dist. No. 2/8
Village or City touther buy	No. Outsude St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
11 4. 11 22 1	
2. FULL NAME Hattle Holland	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward Outside If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W(DOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
femal Black married	(Month) (Day) (Yeer)
1 If married, widowed, or divorced HUSBAND of	22.
(or) WIFE or Vernon Holland	Sept. 1935, to Clet 11 , 1936.
6. DATE OF BIRTH (month, day, and year) March 11 1895	I lest saw has alive on Clast 6 ,1935; death is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at / U = Ks Pm.
14-1 7 0 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Carcumad d) large 1935
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Indestry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	sertestinal Wart
10. Date deceased last worked at Self 11. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME John Marsell	
13. NAME Marsell 14. BIRTHPLACE (city or town)	Name of operation exploration Date of Dr. 1435
(State of Country)	What test confirmed diagnosis? Was there an autopsy?L20
15. MAIOEN NAME Abruse Martin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Sertie Hell (susles)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & mary Grow Boys Cet 14, 1936	Natura of injury
Makerit C Samuelon	24. Wes disease or injury in any way releted to occupation of deceased?
19. UNDERTAKER POCKSULLE THE	If so, specify
Ont 12/ 3/ Cl. 1 2/18/0 - b.	(Signed) F. Browhart M. D.
20. FILEO CO. 17., 19.00 COMMON J. G. COTTO	(Address) Gaithules mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of importance were a	of death and related causes sollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis HO	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUCCO	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance;		Other contributory causes of importance:	
Gallstones	auses of importance.	May 1,1923	Gastroenteritis	1 year

Fallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL	SPACE FOR FURTH	ER STATEMENTS BY PHYSICI.	AN
	*			

V. S. No. 1

PERMANENT RECORD. Every item of infor-	EXACTLY. PHYSICIANS should state	dy classified. Exact statement of OCCUPA-	ate.
IS A	stated	prope	certific
HIS	pe	pe	Jo.
-WRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10518
$-\infty$. $+$	212
@1 1 A	Registration Dist. No.
Village or City Oliney, & Marylan	Je No. Man A Gold Office St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	
2. FULL NAME Palph Huches	If U. S. Veteran, specify WAR
0 0 00 0 5	Ast., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white OR DIVORGED (write the word)	Oet 19-1936.
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	001/0-,1036, to OCL/9, 1936
6. DATE OF BIRTH (month, day, end year) July 17, 1924	I last saw h IM alive on Oct 9, 1926; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 150 P.m.
/2 3 2 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	Date of wheel
SAWYER, BDDKKEEPER, etc.	4 Al North
9. Industry or business in which work was done, as SILK Mill, SAW MILL, BANK, etc	Jeggenores fever octo
SAW MILL, BANK, etc	10 /
this occupetion (month and spent in this occupation occupation	/
2 0 +	Other Contributary Causes of Importence:
12. BIRTHPLACE (city or town) Pashingles	- Company of the state of the s
(State or country)	Vilestinal venorolage 0/19/9
13. NAME Sharou Kuches 14. BIRTHPLACE (city or town) Fairfaso Co.	1 / / 6
7 14. BIRTHPLACE (city or town) Fautas Co.	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? A Common West here an autopsy 200
15. MAIOEN NAME Cligabeth Byassa 16. BIRTHPLACE (city or town) Trashing true (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Washin Stare	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Trapital seconds (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Plece De Colony 1936	Nature of Injury
12 x e 9 9 9 1. 1. C. C.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER LEGY E MILL WW. Work of	If so, specify
CIB D	(Signed) Chasto Simbles on M.D.
20. FILED. Cle 20, 193 6 Registrar.	(Address) Sender String M.
negistrar.	(Mulios) - secretary - fill - fill - fill

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributes of in-	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10510
1. PLACE OF DEATH	(3)
County 111 mt gomery	Registration Dist. No. 2/6
Village or City Chert Chare md.	No. 102 Sommanfield Prd St., Ward of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsyrs	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 102 - Summario (Usual place of abode)	elfst., I Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Colword Authorian (or) WIFE of Colword Authorian	22. I HEREBY CERTIFY. That I attended decassed from Cet. 15 th., 1936, to Cet. 27th, 1936
6. DATE OF BIRTH (month, day, and year) May - 24-1866	I last saw he aliva on Oct. 27 th 1986; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7304, m.
70 5 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Teda, profession, or particular kind of work done as SPINNER	Deteriors Deteriors
kind of work done, as SPINNER, Returned SAWYER, BOOKKEEPER, etc. Returned 9. Industry or business in which work was done, as SILK MILL.	Cardia-renal-vascular
9. Industry or business in which work was done, as SILK MILL, Saw MILL, BANK, atc	dijeace. 1934
SAW MILL, BANK, atc	Impocardity
12. BIRTHPLACE (city or town) Washington	Other Contributory Causes of Importanca:
(State or country)	Menia
13. NAME To M. Sellhausen 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Sum wy	What test confirmed diagnosis? Charles - Was there an autopsy? Was there an autopsy? Was there are autopsy? Was the confirmed diagnosis?
15. MAIDEN NAME Battle	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mus. J. F. Me Capitudge (Address) 1051 Commented Rd)	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 109 Sammerfield Rd), 18. BURIAL, CREMATION, OR BEMOVAL	Mannar of injury
Place Prospect Hell Date Cot 30, 1936	
19. UNDERTAKER Martin W. Aysond	24. Was disease or injury In any way related to occupation of deceased? 220
20. FILED 10-29-, 1936 Thomas K. Consad. Registrar.	(Signed) flans Stephen M.D. -(Address) 1714 & Rhole Island Case
76 Unt 1.1 11 . C D	NO LC LC PLI P GICN

CTATE OF MADY AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Gallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPA	CE FOR FURTH	ER STATEMENTS BY PHYSICI.	AN

TION is very important. See instructions on back of certificate.

-WRITE PLAI

S.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10520
1. PLACE OF DEATH	
	Registration Dist. No. 2/7
0.4 800-	Registration Dist. No.
Village or City (Thereng Old Ca)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Miss Mora Johnson	If U. S. Veteran, specify WAR
00 1 -0d Sm /	St., Ward.
(a) Residence: No. (Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH CTOPU (Month) (Dey) (Year)
64. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I ettended deceased from
(or) WIFE of	October 1 19 36 to Oct 12 19.96
6. DATE OF BIRTH (month, day, end year) Fel .25, 1869	I lest saw h. M. eliva on Detakes 12 , 19 36, death is said
7. AGE Years Months Deys If LESS than	to have occurred on the data steted above, at 3 PM
67 7 /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of Importance
8 Trada profession or perticular	Were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Deta deceased lest worked at this occumention (month and	Coronary Thrombosio Octio
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	The hysterectorog was perforanced for
11. Total time (yeers) this occupation (month and spent in this	Juterine Libraida Divistion : twenty
year) occupetion 5.2.42	Other Contributory Causes of importance: years. Custon.
12. BIRTHPLACE (city or town)	V
(State or country)	
13. NAME Basil Jolinson	
14. BIRTHPLACE (city or town)	Neme of operation. Hy o Terectomy Date of 10-5-36
(State of country)	What test confirmed diagnosis? Clumum Was there an autopsy?
15. MAIDEN NAME Relies Brown	23. If death was due to externel causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Deta of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT I You julas Ree on d.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION OR REMOVAL /	Menner of Injury
Place Suthmens Chand Date Oct 14 193 6	
1011. 111	Nature of Injury.
19. UNDERTAKER H. Regulations	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Elfral City the.	(Signed) Trovery Vardo M.D.
20. FILED (Ich 14 , 1936. C. S. Barnsley.	(Signed) / Clarbowill M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I	- 1	Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MOA	July 5, 1927	Peritonitis	3 days ago
	BUREALLY			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		-,-		

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10521
1. PLACE OF DEATH	(J3) \\
Village or City Taloma Cark Mc.	No. No. Saw + Cost Ward
Village or City 7910 mas 1911, MC.	death occurred in a hospital or institution, give its NAME instead of street and number)
Maril. Hay	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MR. William Johnston	If U. S. Veteran, specify WAR
(a) Residence: No. 1513 Near new St. N.C. (Usualphace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.	21. DATE OF DEATH 24. 196. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Edna Johnston	22. HEREBY CERTIFY, That I attended deceased from Coctober 20 1936 to October 24 1936
6. DATE OF BIRTH (month, day, and year) Self # 8. 1875	Hast saw h alive on Cled. 23 19.36; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at. 624 m.
61 / 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
S Trade, profession, or particular kind of work done, as SPINNER, Ormy Captain SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and as a spent in this	Cardio-Varenter Penol dine anil
SAW MILL, BANK, etc	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Berlin Venna (State or country)	Cities Continued of Cases of Importance.
13. NAME Mr William Johnston	
13. NAME Mr William Johnston 14. BIRTHPLACE (city or town) Shanhoully, Ca. (State or country)	Name of operation
15. MAIDEN NAME Mino, Eleanor Baker	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Miss Cleanor Baker 16. BIRTHPLACE (city or town) Berline Denna (State or country)	Accident, suicide, or homicide?
17. INFORMANT Washington San Horp Records.	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OF REMOVAL Place Cost 24, 1936	Manner of injury
19. UNDERTAKER The Atthying Carl. (Address) 701-122 gx nx.	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED (9 Et 24, 19 36 Af & Registrar.	(Signed) Command M. D. (Address) 722 Maple and Takener Mark
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Y 8000 V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
•,		
X		

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

1	PLACE OF DEATH	<u> </u>
	County Mongomery	Registration Dist. No. 211
	Village or City / Muly	No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?
	2 m 9 + 18 H	
2	TOLL MAINE	o. o. veteran, speeny water
	(a) Residence: No. MMM (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 9	4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Unfurnin - Still born (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of More Married	22. Och 17 C : 37 C That I attended deceased from
6. I	DATE OF BERTH (month, day, and year)	I last saw h san alive on of Oct 17, 19 36; death is said
7. /		to have occurred on the date stated above, atm.
	3 mo. Factus - Stillborn 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
N	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.	Unknown to me
Ĕ	SAWYER, BOOKKEEPER, etc	Property of the state of the st
UP	werk was done, as SILK MILL, SAW MILL, BANK, etc.	Jamanic - Jun 1811.
OCCUPATION	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
	71 -1- md	Other Contributory Causes of Importance:
12.	(State or country)	
2	13. NAME FOR Dannel Ketterman	
FATHER	matt.	No. of the second secon
FA	14. BIRTHPLACE (city or town) Walling (State or country) W Va	Name of operation
ER	15. MAIDEN NAME You Ethel mathias	Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
OTHER	16. BIRTHPLACE (city or town) Mathiese,	Accident, sulcide, or homlolde? Date of injury19
×	(State or jountry) A. Va.	Where did injury occur?
17.	INFORMANT Ma & Ketterman (Address) Unity md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place & Devel Jarden Date Det. 17, 1936	Manner of injury
19.	UNDERTAKER & B Beall Inc., (Address) Dama Seus ma	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED Oct. 18, 1936 Della W. Burditte Dept. Registrat.	(Signed) Leage M. Joyer M. D. (Address) Damasens M.D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii.	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
v			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	82-0
County Montgomery	Registration Dist. No. 2/3
Village or City Rosepully (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Emma Florence	: King
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gwrite the word) 5a. If merried, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) 193 (Gar)
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than 1 day,	22. I HEREBY CERTIFY, Thet I attended deceased from 1 1 1 1 2 1 1 1 1 2 1 1 1 1 1 1 1 1 1
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	were as follows: Cerebral Capafalery Oct, 13,
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Arterio Scleroses
13. NAME WM H. Gowman	
13. NAME Down H. Bowman 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diegnosis? Wes there an autopsy?
15. MAIOEN NAME Sarah Muller 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Camassan Oate Oal 16., 1906	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
19. UNDERTAKER Beall Samus CALLS 20. FILED 1. D 14 , 19. 3 k mrs. W. J. Practe Registrat.	24. Was disease or injury In eny way releted to occupetion of deceased? If so, specify (Signed) (Address) (Address) (Address)

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Example I	- 11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 101/5 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial dephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	County_M			3.63		TDO 3	Registration Dist. No. 2/	3
	Village or (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Bucklod			death occurred in a hospital or institu	St., ution, give its NAME instead of street a of foreign birth?yrs	
2	. FULL NA	ME	Nillian	ı D Kno	tt	If U. S. Veteran,	, specify WAR	
	(a) Resider	nce: No	Gaithe			St., Ward.	0 T	
	PERSON	JAI AN	DSTATIST	(Usual place of		MEDICAL C	If nonresident give city or town	
3. S			R OR RACE	S. SINGLE, MARI		21. DATE OF DEATH	A COL AC	
1	Male	Wh:	ite		(write the word)		(Month) (Day)	193 (Yaar)
5a.	If married, widov HUSBAND of					22 -01 UEDED	Y CERTIFY, Thet I atten	dad dassaced for
	(or) WIFE of	Bl	anch Kr	nott	The I desired	22. SON HEREB	1936 to The state	19 3-
6. D	ATE OF BIRTH	(month, day	and vear)	1 nn 17+1	T867	I lest saw h alive on	9 00 5-19	death is se
7. A	GE Yes	ars	Months	D Pays	If LESS than	to have occurred on the data state	ed above, at 7 Pt m.	
1	1001	09		20	1 day,hrs.	The PRINCIPAL CAUSE OF DEA wera as follows:	TH end related ceuses of importance	Oats of onss
z	8. Trada, profe	ession, or pe	rticular	arm Labo	rer		, , , , , , , , , , , , , , , , , , ,	
UPATION	SAWYER 9. Industry or					girle ma	restron	10/5/3
UPA	work wa	s done, as S	ILK MILL, II t	1		PIERC	· facing	10/0/3
220	10. Data deceas		ked at oth end	11. Total til	me (yaars) t in this It	25 mgo Carach	2 suelic	122
12	BIRTHPLACE (ci		Maryl		pattoti =========	Other Contributory Causes of imp	portance:	
14.	(Stata or cou							
ER.	13. NAME	hn .	hnott	,				
ATH	14 RIRTHPLACE	F (city or to	lia (1			Date	of
H		r country)	WII/				Was there	
HER	15. MAIOEN NA	ME	Sanah	Marcll	Marie and Marie		uses (VIOLENCE) fill in also the folio	
MOT	16. BIRTHPLACE	E (city or to	~ ~~ ~~	Ad		Accidant, suicida, or homicide?	Dete of Injury	, 19
Σ		r country)		1100		Where did Injury occur?		
17.	INFORMANT I		d Knot		Md	Specify whathar Injury occurred	(Specify city or town, county and In INDUSTRY, In HOME, or In PUBLIC	PLACE.
18.	BURIAL, CREMA			0	t8th 36	Manner of Injury		
	Place			Date		Nature of Injury		
19	UNOERTAKER E	rnes	t C (Gartner		24. Was disease or injury in any	way related to occupation of deceased	2
	(Address)		aither	sburg Mo	1	If so, specify	D. July	
20	FILED Wet	7.	936 7	my (0.0.	Hillow	(Signad)	4 Hoffell	
20.	1122020036.6.	1		Elizab +	Registrar.	(Address) 2	uthersburg	Alle

V. S. No. 1

MARGIN RESERVED FOR BINDING

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Example I	4	Example II		
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Chronic interstitial riephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUNEAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state ECord. Every item of inforof OCCUPA. WIT Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. B.-WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. 6. 7. OCCUPATION MOTHER | FATHER

MARGIN RESERVED FOR BINDING

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	10040
1. PLACE OF	DEATH				
N CORPOBATE L	ntgomery	Park		Registration Dist. No.	273 set the spituled
Length of residen	nce in city or town where	leath occurred	vrs. 1 mos	death occurred in a hospital or institution, give its NAME instead of str. 5 ds. How long in U.S. If of foreign birth? 4-9 yrs.	mos. 7 ds.
2. FULL NAM	1	ml 40	KNANdSON		
(a) Residence	do a C	rond y W	ine St.		D.C. V
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
Male	color or race	OR DIVORCE	RIED, VIDOWED) D (write the word)	21. DATE OF DEATH OCTOBEY (Month) (Day)	, 193 6 (Year)
a. If married, widowed, HUSBAND of (or) WIFE of	or divorced	Olsen	N	22. I HEREBY CERTIFY, Thet is	
. DATE OF BIRTH (mg	onth, day, and year)	vember	14,1867	1	1936; death is said
AGE Years	Months	Days 4	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
9 Adustry or hus	on, or particular k dona, as SPINNER, DOKKEEPER, atc			Angetterine Cardio-	
10. Date deceasad this occupat	D. 1111, 010:00-00-00-0	11 Total t	ima (yaars) nt in this upation 4-54	Therebal hemondy	3 days
2. BIRTHPLACE (city of (State or country)	or town) Risar	41	way	Other Contributary Courses of importance:	
13. NAME Bev	rtel KNu	dsen		()	*******
14. BIRTHPLACE (c (State or co	untry) Riss	r, N	orway	0	here en autopsy? Yww
15. MAIDEN NAME	Karen -	Tellefs	en	23. If death was due to externel ceuses (VIOL ENCE) fill in also the	following:
16. BIRTHPLACE (c	ity or town) Riss punity)	r, No	rway	Accident, suicide, or homicide? Dete of Injury Where did injury occur?	
7. INFORMANT Wa. (Addrass)	shington Sa		non Record	(Specify city or town, county Specify whather injury occurred In INDUSTRY, in HOME, or In PU	and State) BLIC PLACE.
8. BURIAL, CREMATIO		Date ON	1/8 ,1936	Menner of injury	
9. UNDERTAKER (Addrass)	102 gar	vlers x	n. w.	24. Was disease or injury in any way related to occupation of decad	asad? MD
D. FILED Oct	18,136	Eling	Registrar.	(Signed) (Addrass) / ashurating a	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimoje, Rafacsung V. S. No les

V. S. No. 1

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURPAIL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 week ago	

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN	
		,41°

STATE OF MADVI AND CEDTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

V. S. No. 1

County Monteyame Village or City Length of residence in city or town w	makalk (I	Registration Dist. No. 273 ND. 47 Cattall Cut St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Man. (a) Residence: No. 47	Jane Mober- Pariole ave (Usual place of abode)	St., Ward. If nonresident give city or town and State
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That I attended decaased from
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Month	march 11, 1863	I last saw h
7 3	2 2 I day,hrs. ormin.	
SAWYER, BDDKKEEPER, etc	Return S	my ocarditis chronic 1926
U ID-Date daceased lest worked et	914 II. Total tima (yaars) spent in this occupation Lule, Pa.	Dther Contributory Causes of importence:
13. NAME Charles	Kohen	
14. BIRTHPLACE (city or town) QQ (State or country)	sfeld Germany	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Man 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT & Have	Joley U.S.a. Zehnen	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Addrass) \$2.000 18. BURIAL, CREMATION, OR REMOVAL Place	Centy Oer 6,03	Mannar of injury
19. UNDERTAKER (Address) / 13 6 —) 20. FILED (13) 13 6 —)	Lawlers tons	1f so, spacify (Signed) (Address) (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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KUNPAU-V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ż

(Address)

20. FILED G ST

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Montgomery Village or City Jakomas Jack, Ind. Length of residence In city or town where death occurred 12 yrs, 4 mos. 2. FULL NAME Mrs Catherine Loeffley	Registration Dist. No. 23 3 No. Chash Sun 4 April 18 St., Ward death occurred in a hospital or institution, give its NAME plasted of street and number) ds. How long in U.S. if of foreign birth? April 2 mos. ds. If U.S. Veteran specify WAR.
(a) Residence: No. Washington Son ul Abo (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fe male 4. COLOR OR RACE White 5. SINGLE, MARRIED. WIDOWED, OR DIVORCED (write the word) Wildowell	21. DATE OF DEATH Close 20, 193.6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) HIFE at Mr andreas Laeffler 6. DATE OF BIRTH (month, day, and year) June 23, 1854 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BDDKKEEPER, etc. Sawyer, BDDKKEEPER, etc. Sawyer, BDDKKEEPER, etc. Saw Mill, BANK, etc. 10. Date deceased last worked at this occupation (month approximately 11. Total time (years) spant In this occupation (month approximately 125 spant In this 65 year) 12. BIRTHPLACE (city or town) Allagonger Armany (State or country) 13. NAME Mr Michael Romannling	22. I HEREBY CERTIFY. That I attended deceased from March 27, 1936, to OCF 20, 1936; death is said to have occurred on the date stated above, at 5, 30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Deneralized arteriosclessis Date of onset 1930. Coronary artery solerosis 1930. Bunda branch Black of 1935. Cardiác Conduction system Dither Contributory Causes of Importance: Chronic hypertrophic 1920 Arthritis
13. NAME Mr Michael Rommling 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Miss Catherine Horner 16. BIRTHPLACE (city or town) Jurnary (State or country) 17. INFORMANT Washington San and Hogg Records (Address)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18 BURIAL CREMATION OR REMOVAL	

If so, specify

(Signed)

Registrar.

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	Example II	5
Date of onset	of importance were as follows:	
1921	Run over by street car	1 week ago
1936 July 5,1927	Peritonitis	3 days ago
V. S.		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1936 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car 1930 July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

IARGIN RESERVED

-WRITE PLAI

V. S. No. 1 Œ,

1. PLACE OF DEATH	10528
county Montgamery	Registration Dist. No. 223
	Mo. ugshington Sanitarium Ilesothel., Ward death occurred in a horgital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where daath occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MR. Franklin P. Margerum	If U. S. Veteran, specify WAR
(a) Residence: No. 610 MISSISSIPPI AVE	St., Ward. Silver Springs Md. If nonesident specity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Normalizer S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced	21. DATE OF DEATH Sclober (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Lillie May Duvall	22. I HEREBY CERTIFY. That I attended daceased from Destamber 1619 36 to October 2 1936
6. DATE OF BIRTH (month, day, and year) Sept. 4, 1855	I last saw h. L. m. alive on October 1,1936; daath is said
7. AGE Yaars Months Days 4 If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	wara as follows: abetes Mellites Date of onset
kind of work dona, as SPINNER, Agrm fr SAWYER, BOOKKEEPER, etc. 1. Industry or business in which	Myseordeal degeneration
work was dona, as SILK MILL, own farm.	Gallrio Telerosis Hen
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad last workad at this occupation (month and year) year) 11. Total time (years) spant In this occupation 60 475	Langregue foot it
12. BIRTHPLACE (city or town) Bustle ton Penna (Stata or country)	Other Contributory Causes of Importance
	Seniery Op from
	Name of operation Conductation of right Leg Date of Det 19 36
14. BIRTHPLACE (city or town) / 177 712 , (State or country)	What test confirmed diagnosis? Was there are all or Services Servi
	23. If death was due to external causes (VIOLENCE) fill in also that following
15. MAIDEN NAME Mary Ann Oranson 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Washington San, tarium Records (Address) Tulloma Park, Md.	(Specify city or town, county and State) Specify whether injury occurrad in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION. OR REMOVAL Place Balonaville Mbl Date Oct. 4. , 1986	Manner of injury
19. UNDERTAKER Way 24. Sande + Co	24. Was disease or injury in any way related to accupation of deceased?
(Address) 4/2 7+ 8k, M. E. Wash, O.C.	(Signad) Cold H. Calvey M. D.
Registrar.	(Address) absome fark the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes,	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	NOV 5 19	30 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
		. ~		
	The second desired the second			
Other contributory causes of	importance:		Other contributory causes of importance:	11.11.
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
							6

should state 1. PLACE OF DEATH County Montgomery Registration Dist. No. 22 Village or City La No. Washington San V Soop St,
(If death occurred in a hapital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. If of foreign birth?______yrs._____ds. statement 2. FULL NAME Kober If U. S. Veteran, specify WAR, (a) Residence: No. 274 (Usual place of abode) If conresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) ingle (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. EBY CERTIFY. That I attended daceased from 1 certificate. 6. DATE OF BIRTH (month, day, and year) Um4 7. AGE Months Days If LESS than proper stated 1 dev....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.____ OCCUPATION Jo 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back pluods 10. Date dacaasad last worked at 11. Total time (years) on this occupation (month and scent in this that year) occupation ... instructions 12. BIRTHPLACE (city or town). (Stata or country) supplied. terms, FATHER 14. BIRTHPLACE (city or town). Nama of operation (State or country) carefully What test confirmed diegnosis?_____ Was there an adto MOTHER important. 15. MAIDEN NAME Accident, sulcide, or homicide? 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE plnods very OF (Addrass) 18. BURIAL CREMATION OR REMOVAL Manner of injury 2 函 mation CAUSI Natura of injury NOLL 24. Was disease or infi 19 UNDERTAKER If so, specify 图 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage NOV 5 1938	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			212

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN ***

plnods Jo PHYSICIANS statement Exact classified. EX properl THIS may plnous that supplied. terms, in plain carefully

PERMANENT certificate. of 00 instructions See important. DEATH pe plnods very OF -WRITE CAUSE mation LION 2

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH (210-9 Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or low mos... How long in U.S. If of foreign birth? Ward If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of That I altended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at f dey The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were es follows: Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased lest worked at 11. Total time (years) this occupation (month spent In this occupation __& 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? accident ... Dete of Injury Oct 25. 1936. 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur? Washington Board R. L.D., Montgower Co., md. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) Highway/e Manner of Injury Nature of injury 24. Wes disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis NOV 6 1938	1921	Run over by street car	1 week ago
Cereoral nemorrnage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. C.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

В

STATE OF MARYLAND—CERTIFICATE OF DEATH 10531

1. PLACE OF DEATH	948
County Mont gomery	A Registration Dist. No. 2/6
Village or City Cherry Ohpen Med	No. / Mayword St. St., Ward
	death occurred in a hospitalor institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
And and the state of the state	1
2. FULL NAME	A. Wash
(a) Residence: No. / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCK
m W married	(Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Drace Cury	Och 2/ 1936, 10 Gen 2/ 1936
6. DATE OF BIRTH (month, day, and year) Oper . 26 1879	I lest saw halive on
7. AGE Years Months Days If LESS than	to have occurred on the deta stated above, at
57 8 2 × 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	O Control of the cont
SAWYER, BUONNEEPER, etc.	Carling - Jaily
work was done, as SILK MILLUS Lawy SAW MILL, BANK, etc.	
year) occupation occupation	Other Cantributary Causes of Importence:
12. BIRTHPLACE (city or town)	
I 13. NAME Queen S. Curry	
E	Name of operation Oate of Oate
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Westhere an eulopsy?
15. MAIDEN NAME Clued Le. Slove	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clued Car. Slove	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
17. INFORMANT Lace Zuid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Ray was for charge thanks	all
assistin nat. Cen. Date Oct. 26 1036	Manner of Injury
AR. Talilas	Nature of injury.
19, UNDERTAKER (Addiess) Wish. C.C.	24. Wes disease or injury in any way related to occupetion of deceased?
10-22 21 (RO (Vou my)	(Signed) E. M. O.
20. FILED / 0 , 1952 6 W 1 / W/ / Registrar.	(Address) US 22 any Dept
70 11 11 11 11	U

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1938	1921	Run over by street car	1 week ago
Cereoral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Takonsa Ph lud.

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(X)	of	pln	000	
XX	item	sho) jo	
	Every	CIANS	ement	
4	ÇD.	YSI	stat	
	INDOO.	Y. PH	Exact	
TED FOR BINDING	IHIS IS A PERMANENT RECORD. Every item of infor-	d be stated EXACTLY. PHYSICIANS should state	y be properly classified. Exact statement of OCCUPA-	
BI	PE	田	rly	016
FOR	IS A	stated	propel	L of cortificate
Q	HIS	pe	pe	30
H	E	70	-	

sta UP.	1. PLACE OF DEATH	(166)	
ould	County Montgomery	Registration Dist. No. 22	3
sho of o	Village of City Textoria Park	Notbashington San' Tay am of Hodeath occurred in a hospital of institution, give its NAME instead of street and nu	SP Ward
IAN	2. FULL NAME Mr Charles Mixter	If U.S. Veteran specify WAR	
PHYSICIANS ict statement	(a) Residence: No. 18 30 " R" St. N. W. (Usual place of abode)	St., Ward. Waskington, D. (If nonresident give city of town and S	State V
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH October (Month) (Dey)	193 (Year)
C T ified	5a. If married, widowed, or divorced HUSBAND of		1
A C assifi	(or) WIFE of Mrs Hattie Mixter	122. I HEREBY CERTIFY, That I attended de	to 36
e. c. X	6. DATE OF BIRTH (month, day, and year) Sept. 23, 1867	Hast saw him alive on Oct. 20 1936	: death is said
d I	7. AGE Years Months Deys II LESS then	to have occurred on the dete stated above, at 12 3 m.	
stated E properly certificate	69 - 28 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
	8 Trade, profession, or particular kind of work done, as SPINNER,	Drowning in bath Tub	Date or ousef
be y of	SAWYER, BOOKKEEPER, etc.		oct a
should it may n back	SAWYER, BOOKKEEPER, etc. 9. Todustry or business in which work wes done, es SILK MILL, A. S. Government SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and same this occupation (month and sam	Arterio Sclerosis	2
sh t it	10. Date decessed last worked at this occupation (manth and year) 11. Total time (years) spent in this year) 12. 14. Total time (years) spent in this occupation 12. 14. Total time (years)	Burkedely by divisioning h. Jung 137.	7
AGE that ions o	College	Other Contributory Canoco of Importance:	
l. so uct	12. BIRTHPLACE (city or town) Set Sew 10.55,		
supplied. AGI n terms, so tha ee instructions	€ 13. NAME J. W. M. XTEY		
F 42	14. BIRTHPLACE (city or town) Sester 14. BIRTHPLACE (city or town)	Name of operation Date of	************
5 5	(State of country)	What test confirmed diagnosis? Wes there an au	1.opsy?_[XQ
be carefully EATH in plaimportant.	15. MAIDEN NAME EMILION Edes	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
	16. BIRTHPLACE (city or town) Ply Month	Accident, suicide, or homicide?	1 00
ld be cal DEATH y import	14 0 11 5	Where did injury occur? in Maskonston Accounts and State)
PAN	17, INFORMAN Washington Panistan un Recard: (Address) Takoma Park, Ma	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAN	CE Co., m
	18. BURIAL, CREMATION, OR MEMOVAL)	Menner of injury Lisadel showning	
SE SE	Plece Wash W. C. Date 10-21, 19.36	Neture of Injury	
mation s CAUSE TION is	19. UNDERTAKERS Souther Sant Ind.	24. Was disease or injury in any way related to occupation of deceased?	no
EOH	(Address) 756 Par aver W. W.	If so, specify	
(7)	20. FILED Oct 21, 1936 At, En Rogers	(Signed) ON arrow	М. D

IARGIN RESERV UNFADING INK-

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Example I	- 1	Example II	1 5 15
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage NOV 5 1936	July 5, 1927	Peritonitis	3 days ago
AUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA-

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10533
1. PLACE OF DEATH	46-80
County Montgomery	Registration Dist. No. 2/4
Village or City S flow Opning	No. St., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number) 27 ds. How long in U.S. if of foreign birth?
010.000 1/	ds. now long in 0.5.11 of lotergn birth?yrsmos
2. FULL NAME Blorge Henry Nau	If U.S. Veteran epecify WAR
(a) Residence: No. 26 - Wordside Portway (Usual place of abode) July	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white married wind	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	NEW MENT NEW
(Or)-HIFE of Suma /. Non	22. I HEREBY CERTIFY. That I attended deceased from
T 11 131-	I last saw h. Sam alive on D. C. 157, 1936; death is said
6. DATE OF BIRTH (month, day, and year) \(\lambda (- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	to have occurred on the date stated above, at 1010 A.m.
74 4 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular	were as follows: Date of one of Date of Date of Date of One of Date of Date of Date of One of Date
kind of work done, as SPINNER, Cubrust worker	of rection Wet 21/25
9. Industry or business In which work was done, as SILK MILL, Planney Mill, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and 1970 spant in this 40 occupation 40	
Pidlet 11 P.	Other Contributary Causes of importance:
(State or country)	Meneral Caranomavas
13. NAME IL H MAN	ann to come
14. BIRTHPLACE (city or town) Dermen	Name of operation. Oate of
(State or country)	What test confirmed diagnosis? X Ray Was there an au'opsy? No
15. MAIDEN NAME Sarah Hesson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Perma	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did Injury occur?
17. INFORMANT Jarry & Nove # 26 woodside Parky	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Sulver Sprungs	7
18. BURIAL, CREMATION, OR REMOVAL Place CLASSIC CHARLES OF 17 1903 6	Manner of injury
Place Latte College Sate Will	Nature of Injury
19. UNDERTAKER / ON POPE & Supplement	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Silver spling my	It so, specify The arm to OM Bon den
20. FILED ON 19, 1936 55 Bulleupo	(Signed) Frank W Arthur M. D. (Address 6 28 E. Cab, St. Wash D.
If more blanks are needed, address State Registrar	2411 N Charles Street Baltimore Requesting 7) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
			1 week ago
Chronic interstitial nephritis MOVE 7	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSEU V. J.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. HINCO 3. stated EXACTLY. , WITH UNFADING INK-THIS IS A PERMANENT 5a properly classified. FOR BINDING See instructions on back of certificate. 6. 7. MOTHER FATHER & OCCUPATION IARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAI 18 19

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	With the second
County Mostgomery	Registration, Dist. No. 223
Village or City Dakon Bask Md	No. Washington Saw & Hospitast, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Miss Stelles nelson	If U. S. Veteran, specify WAR
(a) Residence: No. 14T. St. N.W. Washington, &	© St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 19336 (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from October 8,100, to October 11,1936
6. DATE OF BIRTH (month, day, and year) Man 12 1891	I last saw h.f. Y. alive on Q.c. / 196 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
45 years 4 mo 27 day or min.	The PRINCIPAL CAUSE OF DEATH and retated causes of Importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Systemes gastie alle Sudde
e. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
1) 10 Date deserred last worked at # FF Total time (veers)	ļV
this occupation (manth and spent in this occupation to the spent in this occupation occupation spent in this occupation s	Other Centribatory Causes of Importance;
12. BIRTHPLACE (city or town) Fort Dadge, laws	Cities Continuos Canacado Importança.
(State or country)	Ship to
14. BIRTHPLACE (city or town) 3. Mennesota	t distance of the
14. BIRTHPLACE (city or town)	Name of operation Date of Was there are altopsy?
15. MAIDEN NAME Christine Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following
16. BIRTHPLACE (city or town) Stack holm, Sweden	Accident, suicide, or homicide?
17. INFORMANT W. O. ahington Sanitarium Geords.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Hash. D. C. Date Wet 14, 1936	Nature of Injury.
19. UNDERTAKEN W. Chamber &.	24. Was disaase or injury in any way related to occupation of deceased?
(Address) 400 glaper of new 2.e.	If so, spacify
20. FILED Oct 11 , 1936 86. 6 togets	(Signad) Ashing an Straterium M. D.

If more blanks are needed, address Slate Registrar, 2411 N. Charles Street, Baltipule, Regioning & Nash

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of de of importance were as fol	eath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The service of the se	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	Facility Street, Street, Street, or	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 5 1936	July 5,1927	Peritonitis	3 days ago	
	CUREAU V. S				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONALAY	CID A CITY	TOOY	TOTAL TRANSPORT TOTAL	CORP. A PROMOTE TO STREET	E3 37	TATESTON OF A S	B. T
AUDITONAL	SPALE	B.C.I.K.	H. I K. I. H. H. K.	STATEMENTS	ES Y	PHYSICIA	N.

FOR BINDING

IARGIN RESERVED

N. B.—WRITE PLAI

V. S. No. 1

STATE OF MADVI AND CEPTIFICATE OF DEATH

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	un (h)
County Martgargery	Registration Dist. No. 223
Village or City Taken a Tank	Nawashington Sanitanington, thesptayard death occurred in a horpitalior institution, give its NAME instead of street and number)
	How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME MYS Mamie Nepper	If U. S. Veteran, specify WAR
(a) Residence: No. 1017 O St. N. W. (Usual place of abode)	St., Ward. St. 16 nonresident rive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE (MARRIED WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Werrach	22. AI HEREBY CERTIFY, That I attended deceased from
10 . 112 .662	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oeys If LESS then	I last saw h Par elive on
5-2 4 / 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade profession or perticular	were es follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, House Wife SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Carcinoma of
9. Industry or business in which work wes done, es SIK MILL, OWN Home	adrenal Mands:
20. Date deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this 31 44.	Aunation : Sig months
12. BIRTHPLACE (city or town) P: tts burg ? Pa	Other Contributory Causes of importance:
(State or country)	Coremones of Mino. 2
I 13. NAME John Bond	and liney
13. NAME John Tond 14. BIRTHPLACE (city or town) 7 England (Stete or country)	Neme of operation
E 15. MAIOEN NAME TOUR GAILE	Whet tast confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 7 7 10-del Chia. To	Accidant, suicide, or homicide?
17. INFORMAN Washington Sanitarium & Hos	Whera did Injury occur?(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Tak oma Park, Md. 18. BURIAL CREMATION. OR REMOVAL	
Place Chagn & D. C. Dets Oct 6 1936	Neture of injury
19. UNDERTAMENT ON ONLINES OS	24. Was disaase or injury In any wey related to occupetion of deceased?
(Address) 290/- 14 At. n. w.	If so, specify
20. FILED Oct 6, 19.36 Xo. 8. Langers	(Signed) 6 Mas F. Pattagan M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WURFAU V. S.	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.
The state of the s

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 10530

1. PLACE OF DEATH	122-20
County Montgomery	Registration Dist. No. 211
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Thomas Hilliam (a) Residence: No. Parkesburg Ind	- St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH October 34 , 193 6 . (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from 1936, to 1936.
6. DATE OF BIRTH (month, day, end year) Seft 5, 1936.	I last saw h alive on O. Cf. 24, 1936; daeth is sei
7. AGE Yeers Months Days If LESS then 1 day,hrs. ormin.	to heve occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and separation this content to the content of the cont	Strangulated inquinal Oct.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	- Aguana
year) occupation 12. BIRTHPLACE (city or town) — Man Rackerilly	Other Coutributory Causes of importance:
(State or country)	Hore
13. NAME Herbert a Trouvoid	
13. NAME HE SENT A STATE OF THE SENT A STATE	Name of operation
15. MAIDEN NAME The forward.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Herbert A Morwood-	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMIATION, OR REMOVAL DATE OF 25, 1936	Manner of injury
19. UNDERTAKER ROTT Sayler (Address) Sarler Sayler	24. Was disease or injury in any way related to occupation of deceased? 200-
20. FILED OCHULA 1978 THE SEASON	(Signed) M. J. Fullicum M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1906	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTI	HER STATEMENTS BY PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10537
1. PLACE OF DEATH	
County Monfgomery	Registration Dist. No. 2/6
Village or City Betherda	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Diffe Uf most off	ueg
(a) Residence: No. 19 (Usual place of abode)	Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Female while OR DIVORCED write the word	(Month) (Paul 1936)
5a. If married, widowed, or divorced HUSBAND of	(1661)
(ar) WIFE of Magueder Willson Offrett	22. HEREBY CERTIFY, That f attended deceased from 1936, to 05 3/2 1936
6. DATE OF BIRTH (month, day, and year) June 3rd 1860	Hast saw h en alive on Oct 3/ 4 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
76 × 5 - 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or postinular	From Incurred Data of Onget 3
S. Hade profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Indextry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this ceruagation (morth and this ceruagati	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Lefting ton Missouri (State or country)	Other Contributory Cansea of importance: 1930
13. NAME Edward Uman	
13. NAME Edward Uman 14. BIRTHPLACE (city or town) Clarksburg Ind. (State or country)	Name of operation
	What test confirmed diagnosis? Clinical Was there an au'opsy? /sp
15. MAIDEN NAME Mary Summers Willer 16. BIRTHPLACE (city or toyo Marksburg And.	23. If death was due to external causes (VIOLENCE) filf in also the following: Accident, suicide, or homicide?
17. INFORMANT Allrison Offett (Address theory Charle and	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, ON MEMOVAL Compate 11-3 1936	Manner of Injury
19. UNDERTAKER Wy. Reuben Pungsburey (Address) Rother 18	Nature of injury
20. FILED /1-2 , 19.3 6 B.C. Perry, M.D., Registrar.	(Signed) (Address) (Beilia Na. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 3	1921	Run over by street car	1 week ago
	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ND. Celarille Prik St. Ward
death occurred in a hospital or institution, give its NAME instead of street and number)
How long in U.S. if of foreign birth? yrs. mos. ds.
If U. S. Veteran, specify WAR
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Dey) (Year)
22. I HEREBY CERTIFY. That I attended deceased from
June , 1936 , to Old Thee 1, 1936
I Ost saw h Lun alive on Clewbu 4 , 136 ; death is said
to have occurred on the date stated above, et
were es follows:
Bengn Proclateky fully
Cystilis & Pysletis (Chlones) 1 1934
Illimus Krema 10/1/36
Trypeage usuff congleting
10/12/56
Other Contributory Causes of Importance:
Name of operation
What test confirmed diegnosis? _ Was there an eutopsy? _ Was
23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
Accident, suicide, or homicide?
Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Menner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify \(\mathcal{V} \)
(Signed) & Wilking Carely M.D.
(Addres) Kensington
2411 N. Charles Street, Baltimore, Requesting V. S. U. 1.

IARGIN RESERVED WITH UNFADING INK-THIS

supplied. carefully CAUSE OF DEATH should be -WRITE mation

in plain terms,

FATHER

MOTHER

very important.

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13. NAME

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR

19. UNDERTAKER

(Address)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

V. S. No. 1

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docal If more blanks are needed, address State Registrar,

Registrar.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis () 133	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PAREAUN. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Examples: Example I Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: 1 week ago 1915 Attack of epilepsy Arteriosclerosis 1 week ago Chronic interstitial nephritis 1921 Run over by street car July 5, 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gastroenteritis 1 uear

V. S. No. 1

STATE OF MARYLA	ND-CERTIFICATE	OF DEATH
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1. PLACE OF DEATH	822) 10540
County 30ptg Co	Registration Dist. No. 218
Village or City Washington Grove Ad	No. Village) Ward
()f	death occurred in a horpital of instruction, give its NAME justeed of street and number)
Length of residence in city of town where death occurredyrsmos	ds How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Robert L Palmer	
(a) Residence: No. Washington Grove Id. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH IO I9 \$6
Male White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Elsie R Palmer	april 9 ,1931 to Oct 19 ,1936
6. DATE OF BIRTH (month, day, and year)	I last the hair alive on er 18 2 50 4, 19 36; death is said
7. AGE Years Months Days In Interestinan	to have occurred on the date stated above, at
1885 50 IO I2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8 Trade profession or particular	Uate of onset
kind of work done, as SPINNER, US Goverment Cl AWYER, BOOKKEEPER, etc. Industry or business in which ork was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1929 11. Total time (years) this occupation (month end	Chebral heras hogs 10-16.31
9. Industry or business in which work was done, as SILK MILL,	7/ -
SAW MILL, BANK, etc.	
Washington D C	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Cerebal humage 4-9-3
(State or country)	Hypertution 1930
13. NAME PRILLIP PRIMER. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there an au'opsy? And
15. MAIDEN NAME MargrettAnderson 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Elsie R. Palmer	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL 10. CONTROL OF CONTR	
Place Nealsville Ind Date Oct 21/	Manner of injury
- 2	Natura of injury
19. UNDERTAKER Ernest C Gartner	24. Was disease or injury in any way related to occupation of deceased?
(Address) Gaithersburg	If so, specify
20. FILED OCT. of 1936 algunda I hooke	(Signed) M. D.
Registrar.	(Address) [- Kertheeling Wh

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 6 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

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See instructions on back

1. PLACE OF

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STATE OF MARYLAN	D—CERTIFICATE OF DEATH 10541
DEATH	(2:0)
conta.	Registration Dist. No. 2/8
Etellion	No. St Ward
co in city or town where death occurredyrs	(Il death occurred in a hospital or institution, give its NAME instead of street and number)
E Catherine and	Careley If U. S. Veteran, specify WAR
No. Etcheron, me	el ST. Ward.
(Usual place of abode)	If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOW OR DIYORCED (write the w	
or divorced	Acres (16d1)
will Vareley	1934 to
nth, day, end year) July 7 1858	i last saw her affice on Oct 28 ,1936; death is said

County Village or City Length of residen 2. FULL NAMI (a) Residence: PERSONAL 3. SEX 5a. If married, widowed, HUSBAND of (or) WIFE of 6. DATE OF BIRTH (mo 7. AGE Years Months If LESS than to have occurred on the date stated above, at 3 2 m 3 1 day....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Oate of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at this occupetion (month and 11. Total time (years) spent in this occupation J. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation. (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIOEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Dete of injury____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL CREMATION Manner of injury 24. Was disease or injury in any wey related to occupation of deceased? 19. UNCERTAKER (Address) If so, specify (Signed)___ Registrar. (Address).

If more blanks are needed, didress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth? 2. FULL NAME If U. S. Veteran, specify WAR It nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write tha word) (Year) 5a. If married, widowed, or divorced HUSBAND of (OF WHIFE OF 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than to have occurred on the date stated above, at Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Data of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10 Data deceasad last worked at 11. Total time (yaars) this occupation (month and spent in this occupation ___ yaar) ______ 12. BIRTHPLACE (city or town (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 23. If deeth was due to external ceusas (VIOLENCE) fill in also the following: Accident, suicide, or homloide?_____ Date of Injury_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOV. Manner of injury Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed)

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Chronic interstitial nephritis 5 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	11	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 5	July 5,1927		3 days ago	
DUKEAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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PLACE	OF	DEAT	Н

Filed Oct 26 1936

STATE OF MARYLAND

County Montgoming	CERTIFICATE	OF DEATH Dist. No. 2223
Village or City Takoma Ok. Md (No. 62: 2FULL NAME SUSAN ROBBIN	3 Carroll and St.: Ward	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 STINGLE, MARKIED, WIDOWED. WIDOWED. OR OHYORCED (Watte the World)	(Month)	
May 26, 185/ (Xohth) (Day) (Year)	that I last saw h & R. alive on Act.	25 1926.
7 AGE If LESS than day hrs. ds or min.	The CAUSE OF DEATH * was as follows:	above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	ughdyn de.
9 BIRTHPLACE (State or country) Onnellaville Penn. 10 NAME OF FATHER John Aimmirman	(Signed) M. A. Shanne	/ yrsds. M. D.
OF MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Discase Causing Death, Violent Caus s, state (1) Means of Dacidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospi	or, in deaths from njury and (2) whether
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place	
(Info. mant) Strawm M. Robbins	Former or usual residence	DATE OF BURIAL
(Address) 623 Carrollane. Th. M. Mg	· Wash. D.C.	oct. 26. 1936.

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Greery; (a) Foreman, (b) Automobile factory. The material cases, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Todshould be used only when needed. As examples: 'a' additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Physician, whatever, write None. business, that fact may be indicated thus; Farmer For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syncnym is "Epidemic cercbrospinal meningitis"); Diphlieria (avoid use of "Croup"); "Iphlied fever (never report "Typhoid Pneumonia"); "Indian pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Corna," "Convulsions," stated unless important. inges, perilonaeum, etc., Carcinomu, Sarcona, etc., of "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary use of "Tumor" for malignant neoplasms); approved by Committee on as fracture of skull, and consequences (e.g., sepsis, section was bestated under the head of "contributory." carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. valeular heart Nomenclature Always qualify all The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate in permanently filed.

10515

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		of
(M	1	item
100		Every
		RECORD.
	BINDING	PERMANENT
	K	A
	FO	S
	MARGIN RESERVED FOR BINDING	UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf
	MARGIN 1	UNFADIN

should state of OCCUPA. PHYSICIANS Exact statement stated EXACTLY. properly classified. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAN TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

STATE OF MARTEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(20)
County Monta	Registration Dist. No. 214
Village or City Dickerson	NoSt., Ward
Langth at residence in although the state of	death occurred in a hospital or institution, give its NAME instead of street and number)
Length ot residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME out tobus	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / D 9 193 6
ie, If married, widowed, or divorced	(Month) (Day) (Year)
ie. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hiffun Robin	22. JEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) 9/28//896	liast saw halive on 10/9 1926; death is said
AGE Years Months Days It LESS than	to have occurred on the data stated above, at _ 9.55 Gm.
40 0 1/ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance ware as follows:
Trade, profassion, or particular (alls way Leteray)	fulwouse Date of open
kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which	Juberenlos for 1922
work was done, as SILK MILL, An SAW MILL, BANK, etc.	
10. Date deceased last workad at this occupation (month and 1 G 7 9 11. Totel time (years) spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Toansvill	ante myounditis 10/7/3
(State or country)	
13. NAME Thranklin Robuson	
14. BIRTHPLACE (city or town)	Neme of operation Date ot
(State or country)	What test confirmed diagnosis? 1. D. Bound. Was there en autopsy? No
15. MAIDEN NAME Mary & Jundy	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Data ot injury, 19
7/0-12.0	Where did injury occur? (Specify city or town, county and State)
(Address)	Specity whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Monvey Date /0/// 1936	Nature of injury
19. UNDERTAKER Was 11-Uton	24. Was disaasa or injury in any way ralated to occupation ot deceased?
(Addrass) Promovell	It so, specity
20, FILED / 0/10 1936 - Ewwhits	(Signed) M.D.
Registrar.	(Address) To verille ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 5 1036	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
Gunstanto	M & y 1,1925	Casacenterus	1 year

1936

(Yeer)

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed)

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	Example II	LEE
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis *	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Vuly 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Muly 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	82.0
County Montgomery	Registration Dist. No. 2/2
Village or City MEAR / Ochses on	NoSt.,Ward
9 7	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmos,ds.
0 - 11 ' C	
2. FULL NAME (JEON GL- /JAIN STON C)A	UND FRS If U. S. Veteran, specify WAR
(a) Residence: No. DICHERSON MARYLA (Usual place of abode)	MDSt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Oct 916, 193 (c.
5a. If marriad, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY, That I attended deceased from
6. DATE OF BERTH (month, day, and year) Set 10. 1870	I last saw bullaliva on all f., 1936 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 1204_m.
65 - 1/ 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z R Trade, profession, or particular kind of work done as SPINNER	Cerebraf
kind of work dona, as SPINNER. IVIL & NGINELA	Honor Hoge 10/8/36
9. Industry or business in which work was done, as SILK MILL PAR 120 NOT. FTC.	1
kind of work dona, as SPINNER. SAWYER, BOOKKEPPER, atc. 9. Industry or businass in which work was dona, as SILK MILL. SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month and spent in this spent in this spent in this spent in this.	
this occupation (month and year)	
12. BIRTHPLACE (city or town) MARTINS VILLE	Other Contributory Causes of importance;
(State or country) VIRGINIA	butural delivers tinky
I 13. NAME FLE/4/18 SAUNDERS.	
13. NAME FLE/YILYG DAUNDERS. 14. BIRTHPLACE (city or town) - ROCKY MOUNT	Name of operation
(State of country)	What test confirmed diagnosis? Charles Was there an autopsy?
15. MAIDEN NAME LOVISA HAIRSTON 16. BIRTHPLACE (city or town) PLOGE WAY	23. If deeth was due to extarnal causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) ///DGL-WAY	Accidant, suicida, or homicida?Date of injury19
(Stata or Coppyry) / RG(NA	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Coffine Of Mary hand	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa Ruckey Date 1 19	Nature of injury
19. UNDERTAKER W B / Hetou	24. Was disaase or injury in any way ralated to occupation of decaased?
(Addrass)	If so, specify
20. FILED. 10/11 , 1926 EWahis	(Signad) M. D.
Registrar.	(Address) Freetrus mu.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage WUKLAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should be stated EXACTLY. properly classified.

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TION is very important. See instructions on back of

should state

PHYSICIANS Exact statement

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	0	Bur	10	0
	11	, 1	a.	29
	U	U		. /

1. PLACE OF DEA	TH			940	
CountyNO	11:0			Registration Dist. No.	218
Village or City	ithersh	ura	aait	No. Home for Aged St.	Ward
			(11	death occurred in a hospital or institution, give its NAME instead of street and included the street a	number)
2. FULL NAME	~	Saund	ers		
2. FULL NAME	Gait	hersbu	g	tyIf U. S. Veteran, specify WAR	
(a) Residence: No.		(Usual place	of shode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AN	ID STATISTI			MEDICAL CERTIFICATE OF DEATH	
	or or race White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowad, or div	orced II II	13	ingre	(Month) (Day)	(Tear)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended	
	v and vase) IF 6	b 29th	1011		
6. DATE OF BIRTH (month, da 7. AGE Years	y, and year) Months	Days	186(t last saw had allve on Qct 2/ , 1934 to have occurred on the date stated above, at 5.00 P.m.	L.; death is said
I86I 75	77	22	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or p) action lar	1	ormin.	wara as follows:	Date of onset
kind of work done SAWYER, BDDKKE 9, Industry or business I work was done, as SAW MILL, BANK, 10. Date deceased last we	as SPINNER.	House W	ork	Coronary Thrombon	Coct 2
9. Industry or business I work was dona, as	n which	11		Colourny (Kolourno V)	
SAW MILL, BANK,	etc			-	-
- tins occupation (int	onth and	sp8	tima (yaars)		
year)			upation	Other Coutributery Causes of importance:	
12. BIRTHPLACE (city or town (State or country)) <u>V1</u>	rginia			
1	inn Sa	unders		arteriosclerosis	
13. NAME Phil	Thh Da	Va			
14. BIRTHPLACE (city or t	own)			Name of operation Date of	7.
	Mitilda	Beal		What test confirmed diagnosis?	
E	Va			23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or t (Stata or country)	own)			Where did injury occur?	y 13
H M	(1	. Supt	of Home	(Specify city or town, county and St Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC P	ate)
17. INFORMANT	iithersb	urs	rG		
18. BURIAL, CREMATION, OR	ate or	0.0	t 23rd 3	Mannar of injury	
Place Hamilto		Data	, 19.	Natura of injury	
19. UNDERTAKER Erne		artner	3.5.2	24. Was diseasa or injury in any way ratated to occupation of deceased?	no.
(Address)	daith	iersbur	g Md	If so, spacify	-/
20. FILED Oct. 22	1936 Gil	reidal	& Coak		hu M.D.
			Registrar.	(Address) Rockerelle W	(d

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1938	1921	Run over by street ear	1 week ago
Cerebral hemorrhage NUV 0 1900	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

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See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

MOLEVOITON

Chitan Chitan

of OCCUPA-

Exact statement

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10549
1. PLACE OF DEATH	9370
County Montga	Registration Dist. No. 217
Village or City Shanderville	
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and oumber)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Scrivton Stoller	If U. S. Veteran, specify WAR
(a) Residence: No. Spancewall (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCEO (write the word) Tanker	21. DATE OF DEATH / O Z S , 193 ((Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Many Hollowsh	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Jaw . 10, 1868	I last saw h. Last alive on / of 25 / 1936, daath is said
7. AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at 3/3/4/m. The PRINCIPAL CAUSE OF DEATH and related causas of importance
08 1 ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tales min Mar 50. 1.1. 71.131
9. Industry or business in which	7,704
SAW MILL, BANK, etc.	
10. Date daceesad fest worked et this occupation (month and 11. Total time (years) spent in this	
year) occupation 3.5	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	Post
2 2 20 20	1 acres of the 2/1/2
	han a
(State or country)	Name of operation Date of Date
15. MAIDEN NAME albina Osbourne	23. If death wes due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Va	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Me O Statles Inch	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Del Och 2 4	Manner of injury
Place O Works Afterna M. Date O'Ch Q. 1936	Neture of injury
19. UNDERTAKER Layer Marser	24. Wes disease or injury in any way related to occupation of decaesed?
(Address) Laurel, Ml.	If so, specify
20. FILED Och 37, 1936 Q. 8. Barroley	(Signed) MyO.

(Address) Sandy Spen mo If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regingting W. S. No. Y.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Oate of onsat

S. No.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ji	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neparitis NOV 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

adaross State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA. D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. LY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAIN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARKETERING	<u> </u>	
1. PLACE OF DEATH	(131)	
County Montgomers	Registration Dist. No. 2!	14
Village or City Kendaington	No. 21 Fawcett St.	Ward
	death occurred in a horpital or iostitution, give its NAME justead of street and num. ds. How long in U.S. if of foreign birth? yrs. mos.	
2 +010	(A)	
2. FULL NAME Malilda Josephine 1	N. M.CO.	
(a) Residence: No. A. Jaufcette (Usual place of abode)	St., Ward. If nonresident give city or town and St.	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	,
Female White OR DIVORCED (write the word)	Och (Month) (Day)	193 (Vear)
5a. If married, widowed, or divorced	(month) (bdy)	(1001)
(ar) WIFE of Thomas James Wilcox	122. I HEREBY CERTIFY, That I attended de	ceased from
(12 1 00 1000)		, 19.2./Q.
6. DATE OF BIRTH (month, day, and year) Jest 19 100 100 100 100 100 100 100 100 100	to have occurred on the date stated above, et 2 4 m.	negrii 12 2010
214 a 114 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	V COL
8 Trade profession or particular	were as follows:	Date of enset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	muraslitis	7
9. Industry or business In which	Chronic Bright Disease	?
work was done, es SILK MILL, SAW MILL, BANK, etc.	The second for the se	
year) Oct 1935 occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town).	7	
(State or country)	Gasfro-Enterilis	omo.
14. BIRTHPLACE (city or town) Baltingse	Cholecystilis	1- Token
14. BIRTHPLACE (city or town)	Name of operation Date of Date	
(State of country)	What test confirmed diagnosis? Usundyses Was there an aut	topsy?
16. BIRTHPLACE (city or town) Martingland	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) Malendary (Stete or country)	Accident, sulcide, or homicide? Date of Injury	, 19
(State or county)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Many Walcox Heavener	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	JE.
(Address) 7 Jaweett 3. 18. BURIAL, CREMATION, OR REMOVAL 0	Menner of Injury	
Place Baltimal Cempate Oct 16 -, 1936	Nature of injury	
11m	24. Was disease or injury in any way related to occupation of deceased?	20
19. UNDERTAKER (Address) / L() St Breed Af-104 Vta	If so, specify	
	(Signed) Farl Dork tach	M. D.
20. FILED OCT. 14, 1936 Margaret Tremea	(Address) 4323 Wisfourin aut	2
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Wash - 1	06

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Markey V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

AGE should be

Exact statement of OCCUPA-

V. S. No. 1 m ż STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1. PLACE OF DEATH	
	county montgomery	Registration Dist. No. 2/6
	Village or City Chery Charl	No. St., Ward
	Length of residence in city or town where deeth occurredyrs,mos,	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsds.
	2. FULL NAME Eldridge Tenish	welkuspu. S. Veteran, specify WAR
	(a) Residence: No. 440 6 9 1 km AT:	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 5 19 193 6
	5a. If merried, widowed, or divorced	(Month) (Dey) (Year)
	(or) WIFE of Eleanor ban out with	22. HERERY CERTIFY. That I ettended decessed from
te.	6. DATE OF BIRTH (month, dey, end yeer) Nov., 201869	I lest saw him alive on Olf 1 J 4 , 1936; deeth is seid
certificate	7. AGE Yeers Months Deys If LESS than 1 dey	to have occurred on the dete stated above, etm.
erti	66 10 15 ormin,	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
of co	8. Frede, profession, or perticular kind of work done, es SPINNER Profession of Colon Hand	fractury y Rule 10 5-36
	SAWYER, BOOKKEEPER, etc.	0
back	work wes done, as SILK MILL, SAW MILL, BANK, etc	
on	10. Date doceased lest worked et this occupetion (month and 10-1/36) 11. Totel time (yeers) 11. Totel time (yeers) 11. Totel time (yeers) 11. Totel time (yeers) 12.	
ons	yeer) occupation A	Dithe Contributory Caused of importance. Hemorrhas & 10-53.
ucti	12. BIRTHPLACE (city or town) (State or country)	eceorar remorning = 10 336
instructions	13. NAME Laures & wilking	
	14. BIRTHPLAGE (city or town).	Neme of operation Date of
See	(State or country)	Whet test confirmed diagnosis? Wes there en eutopsy? Ho
nt.	15. MAIDEN NAME Aurig E. J'ruity 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town)	Accident, swielde, or homioide? Date of Injury 0-5 1936
mpc	(Stete or country)	Where did injury occur? A Third / 4406 Clim (Specify city or town, county and State)
	17. INFORMANT MS. L. V. Williams (Migh)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
very	(Address) 4 40 6 Will II, Chiny Chare This	Menner of Injury Fall down stairs
Si Z	Place Pash. Date 10-5-1936	Neture of Injury Fracture (1) Keull
TION	19. UNDERTAKER Or Kacheaupers flags	24. Wes diseese or injury in any wey retated to occupation of deceased? 20
T	(Address) 1400 Chaping It, Jack D.	If so, specify
	20. FILED 10-5 1936 B C. (Perry m. C.	(Signed) M. D.
	Registrar.	(Address) Calada Ma

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Chronic interstitial nephralis	1921	Run over by street ear_	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUR				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10554
1. PLACE OF DEATH	
County Mougoury	Registration Dist. No. 2/6
Village or City Batherda	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) Grant ds. How long in U.S. if of foreign birth?
(a) Residence: No Old Hear altawy (County place of abode)	Le St., Ward. Tetras WAR. The Ward. Tetras Ward. Tetras Ward. The Manual State Ward of the State Ward. The Ward of
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE OR DIVORCED (write the word) While S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 26th, 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTURY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 28 - 1857	Hast saw here agalive on Oct 26419 3 6 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8.20 m.
78 11 29 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8 Trada, profassion, or particular	Carcinoma of Date of onat
SAWYER, BOOKKEEPER, etc. Actured Linkary	The rectum & The
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	100
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last workad at this occupation (month and yaar) occupation	
12. BIRTHPLACE (city or town) Manyland (State or country)	Dihar Contributary Causes of Importances Cluspace luyocardity
13. NAME Coborne Sping Welson	
13. NAME Colorur Sung Welson 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Olyabrelo Ball	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Manyland (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Mr. Frank Vilson miles (Address) Brillingan ma.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMDYAL Place Pt. 3 was + Secharda Oet 29, 1936	Manner of injury
19. UNDERTAKER Worm. Preston Templing	24. Was disaasa or injury in any way related to occupation of deceased?
20. FILED 10 - 28, 19,36 B. C. Perry M.	(Signad) Wheller Huff M. D

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Chronic interstitial nephritian 5 1006	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BHREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-1000131	

JARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Mouls onery	Registration Dist. No. 2	14		
11 11 1/				
	NoSt., death occurred in a hospital or institution, give its NAME instead of street and			
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsm	osds.		
2. FULL NAME Milton Engene Holfe	~ 200 4 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
(a) Residence: No. 6 apt Lich mil	St., Ward.			
(Usual place of abode)	If nonresident give city or town and	State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write tha word)	21. DATE OF DEATH Sed. 30	/		
male white married	(Month) (Day)	(Year)		
a. If married, widowed, or divorced HUSBAND of	a contract the contract that the contract th			
(or) WIFE of Elizabeth nolf	22. HEREBY CERTIFY, Thet ettended	1936		
The state of the s	, 13-50, 10-50	c: death is said		
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7:30 A.m.	.; death is said		
1 day hre				
30 10 20 ormin.	were as follows:	Dats of enset		
Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Salus revaux		-		
SAWYER, BOOKKEEPER, etc.	Shilmony Internations	under		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SLLK MILL, SAW MILL, BANK, etc.				
Q. Data deceasad last worked et 11. Total time (years)				
this occupation (month and spent in this occupation				
	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) (Stata or country) Manual (and)				
13. NAME Harry H. Tralle				
7 11	N d D. fa at			
(Stata or country) Maris Land	Name of operation Data of What tast confirmed diagnosis? A			
15. MAIDEN NAME Clare of Children 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha followin			
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of Injury	, 19		
(Stata or country) Maryland	Where did Injury occur?(Specify city or town, county and Sta			
17. INFORMANT Having Wolf-	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PI	LACE.		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury			
Place Spanneville Mrd Date 11-154, 1936	Nature of injury			
2. 89 11.	24. Was diseasa or injury in any way related to occupation of deceased?	ho		
19. UNDERTAKER Planner b. Surghtry (Address) Trong wille mell	If so, specify			
G. Colored Col	(Signed) Marion Bankhead	P M. D.		
20. FILED Och 31 , 1936 T. Oudly X	(0.6.00)	A		

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 7	July 5, 1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	
IIS IS A PERMANENT	be stated EXACTL'	be properly classified.	of certificate.
N. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT C.C. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	F MARYLAND—	CERTIFICATE OF DEATH 10556
County Montgome	ref	Registration Dist. No. 2/1
Village or City DDW	mascus "	No. St., Ward [death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where of		ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mrs. Het	tie Foodfuld	If U. S. Veteran, specify WAR
(a) Residence: No. Dama	seus ma	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS		If nonresident give city or town and State
		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Och 30 1936 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced R. A. I. D D.		
(or) WIFE of form	toodfield	22. I HEREBY CERTIFY, That I attanded deceased from
	me 15 1860	I last saw here aliva on Oct 30 1936; death is sail
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 20 m.
76 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular	ormin.	were as follows: Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (moret) and spent in this		
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc.		00 0+100-10+
	11. Total time (yaars) spent in this occupation 60 ym	Thomas Interstitus Nephrilis 6 yes 470
year)1936	Occupation O	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) NZ. OLSC (State or country)	an from	Wherio Leterous 6 yes yo
1 ./). //	1 11	-
13. NAME / Cichary	a line	
13. NAME / Cichaed Goung 14. BIRTHPLACE (city or town) Mr. Ceder Ground (State or country) M. A. W. G.		Name of oparation Date of
	Brester	What test confirmed diagnosis? Was there an autopsy?
-	P E.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) M. Q. Q. (State or country)	nur rigor	Accident, suicida, or homicide?
Topa Dell	Varia	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) () - Jank	turbiser md	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Carphot Cens. Cedar S.	ma now 1 1036	Manner of injury
2 B B	Pe Ina	Nature of injury
19. UNDERTAKER Demose (Address) Damase	us ma	24. Was disease or injury In any way ralated to occupation of decaased?
20. FILED Oct 31, 1936 Del	la OV. Burdetto.	(Signed) Leage M. Doger M. D. (Address) D. amadeur M.
16	blanks are needed, address State Registrar	2411 N Charles Street Beltimore Requestion 71 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
REAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	